

Balto., Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 50M 1/76 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

NO [

STATE

STATE

IF UNDER 24 HRS

79

IF UNDER 1 YEAR

INDUSTRY

MONTHS DAYS

YES [

COUNTY

COUNTY

22c. DATE SIGNED

STDEL BE

				SIAI	E OF MAKILAND			
	1 -	STATE REGISTRAR WILLIAM J	DEP.		EALTH AND MENTAL HY ICATE OF DEATH	3	-09014	
	1 DEC	CEASED NAME FIRST		1	AST	REG. NO		HOUR
24	(TYPE	OR PRINT)	AM John	TOSEP L	101	IN DATE OF BEATT		3 15 AM
100	2 663	Will	14 RACE	DATE	DF BIRTH	6. AGE (IN YEARS LAST BIRT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 24 HRS
扇)	3. SEX	MAI	White	MONTH	OAY YEAR	58		OURS MIN
6		MITTE			me 36, 1920		YRS.	
16.61		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
5//		JEH YORK	U.S.A.	WIDOWE			re City	MD,
Sec.		TY OR TOWN OF DEATH	The Johns	JRSING HOME ( STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	USINESS OR
e 7		Altimore			Hospital	Sales MANA	IJET INSUTP	NCE
st be	USU A	AL RESIDENCE (IF NURSING HOME O	NTY 13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1	
	W	Aryland HAT	ford Co. BEI A	tir	YES 🙉 NO 🗌	30 Home	ESTEAD STREET	
The Miles	14. FA	THER'S NAME	MIDDLE . LAST		15. MOTHER'S MAIDEN N	MIDDLE	TZAL	
	0.	-	DSEPT KAT		Louise		Collin	
0 4		VAS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT WILE		Homestend Stre	-1-
and a		5-Air TOTE W.W		1-4942	Mrs. Mary G	KARI BI	El Air Maryland	121014
the		18 CAUSE OF DEATH (Enter o	inly one couse per line for (o), (b	or, and ici.			APPROXIMAT BETWEEN ONS	
vent			ED BY: TE CAUSE (0) META		c coco	N CAN	CER	
tic ev		11" S G						
n n		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF			The state of the s	
tro		gove rise to immediate	(6)					
ather		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF				
p		BART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TEE	PANNAL DISEASE OF CON	DITION CIVEN IN PART 1(-)	
nfthy	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	2 TO DEATH BOT	NOT RELATED TO THE TER	CMINAL DISEASE OR COM	DINON GIVEIVIN TAKI 1101	
<u></u>	CERTIFICATION	190 DATE OF OPERATION	19b, CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	SUSED
D SM	FIC	1/19/29	COLON	CANC	FR	YES NO NO	IN CERTIFYING CAUSES OF	DEATH?
show !	ERT	21g. ACCIDENT WAS UNDERLYING		01100		IRRED (ENTER NATURE OF INJUI		<del>.о</del> Џ
8 G		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH					
or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY	19	21f. LOCATION			
0	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE
nork		220.1 certify the (this hosp	ital) attached the decayed (	APP	1 1 1079	10 APRIL	14 1079	(we) lost
25		sow the deceased alive of	a APPIL 14	19 79 .0	nd that in (my) (pur) apinio		ate and hour and from the cou	ises stated
E 2		22h SIGNATURE	ati view the body after death.	/	DEGREE		22c DATE SIC	
# #		12B. SIGNATURE	Nevanal.	1401		MEDICAL STA		1/20
IMPORTANTE		Hanver,	Jarrenge	well 1	7 W . PHYSICIAN	MEDICAL STA	IAN 7//Y	177
RTA		Md. PHYSICIAN'S NAME (TYPE		0210-	22e ADDRESS		. 11 ~-	
MPORTANT		SAMUEL	HASSEN	\$4SCE	A JOHN	5 HOBK	NS 1705P	MAC
≤	23a. B	URIAL, CREMATION, REMOVAL	L 23b. DATE		EMETERY OR CREMATORY	CITY OF TOWN	COUNTY	STATE
_					Menorial Garde	is BEI Air H	Artord Co, Maryla	4 31014
/77	24. FL	MERAL DIRECTOR	oster W. Brook	dwg & W!	1177113 St 250. D.	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN TUR	2
	1	Traffic Total	BHAIR	MARYLAN	121014	WLUT 0 13/3	July July	The same

11080-81 approximate majoritary have The second of th The year mastragement PK Fred Stoman SPPF- H- BS - SLIW and was BOOKERS AND A LOOKER SHEET AND A SECURED AS the analysis of the same and the same of The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09015

CITY OR TOWN

COUNTY

STATE

STATE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 2h HOUR DECEASED NAME TYPE OR PRINTS Mary V. Katrenic A. AGE (IN YEARS LAST BIRTHOAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS April 5, 1902 Female White BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED zechslovakia DIVORCED [ 126. KIND OF BUSINESS OR INDUSTRY Baltimore 4216 Rayman Avenue Home Maker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Balto. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE M. 4216 Rayman Ave. -21206 YESX NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST John Adamcik Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Theresa M. Brennan - 4216 Raymar Ave APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate

cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION

IN CERTIFYING CAUSES OF DEATH?

NO YES T 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21(, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION

NOT WHILE AT WORK AT WORK 220 L certify that (1) (this haspital) attended the descard saw the deceased alive or and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

obave, (1) (we) (did 1) 22c. DAZE SIGNED 22b. SIGNATURE DEGREE

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME THE COLUMN 22e. ADDRESS

230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

(SPECIFY) Burial 24. FUNERAL DIRECTOR

Miller Inc-6415 Belair Rd.-21206

23b. DATE

DHMH - 16 50M 7/77 (VR A 15 (4))

8

MPORTANT:

MEDICAL

WHILE

3.25.8	oril 6, 1970			trenic	er 'nnei
	7	arl 5,1920	on.	nii!	em le
	Politione ilu	X		1.7.1.	יים איטעריים
	ne mo	יותסעי	Name yell		onailla
	12/2 arms	×	alto.		1 4 > 5
		Bits.			dional gio
TOTAL TVE.	in Evengen - 4218	116,000	15-52-605	S	€)
			V S		
	VS TO L				

our juice inchi! se die notice

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

19-09017

		Kennedy, Elsie		STAT	E OF MARYLAND				
	1-	FOR STATE REGISTRAR		CERTIF	IEALTH AND MENTAL HYG	IENE 7 9	-09	018	
		CEASED NAME FIRST	WIODIE		AST	20 DATE OF DEATH	MONTH DA		26. H
		ELSIE ELSIE	JANE	KENN				3 79	5
	3. SE)		4 RACE	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRTI	MC	FUNGER 1 YEAR	IF UNI
		emale	White	Apri	1 16,1898		O YRS		
97	CC	RTHPLACE (STATE OR FOREIGN (YRTHOUTHY)  ngland	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O BALTIMORE	_	OF DEATH	
14	B	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewife		126. KIND O INDUSTRY Hom	
35			OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY 13c. CITY OR TOW IMOTE	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO A	13e STREET ADDRESS 1412 Reges	ster A	ve.	
30	14 FA	THER'S NAME FIRST George Yeo	MIDOLE LAST		Jane Mulholl	MIDDLE		LA.	ST
	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECL	IRITY NO.	17 INFORMANT	ADDRE	SS		
-		No	215-03-4	680	Mrs. Sheila	J. Domarecki		Same	
		Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE		oma	Lung			
o gry injury, or other frounding	ICATION	gave rise to immediate couse (0), stating the underlying couse lost	(b)	ENCE OF DEATH BUT	NOT RELATED TO THE TERM		70b. IF YES.	WERE FINDI	NGS U
any injory, or other	RTIFICATION	gave rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C  A W MIA L  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUION (c) CONDITIONS CONTRIBUTING TO ASTAC CINERRY IM	ENCE OF DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED	INAL DISEASE OR CONI  206 AUTOPSY?  YES ₩ NO□	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS U
lo shows any injury, or other	CAL CERTIFICATION	gave rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT O	DUE TO, OR AS A CONSEQUION (c) CONDITIONS CONTRIBUTING TO ONLY TO ONLY TO THE CONDITION FOR WHICH	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI  206 AUTOPSY?  YES ₩ NO□	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS U
leer to snow and inforty, or other	MEDICAL CERTIFICATION	gave rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT O  MAN MIRE  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONSEQUION (c)  CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH  19b. CONDITION FOR WHICH  11b. TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCURE  211 LOCATION STREET	INAL DISEASE OR CONI  206 AUTOPSY?  YES ₩ NO□	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS U
21 is morked or liem to shows any injury, or other		gave rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF A WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that (1) this hospi saw the deceased alive an above (1) we! (Eid) (did no above (1) we! (Eid) (Eid) (did no above (1) we! (Eid) (Ei	DUE TO, OR AS A CONSEQUION (c) CONDITIONS CONTRIBUTING TO DISTRICT OF PROPERTY OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) oftended the deceased Jeon-	OPERATIO  AY YEAR  19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  216 HOW INJURY OCCURE  211 LOCATION STREET  19.79  and that in (our) opinion of	INAL DISEASE OR CONI  206 AUTOPSY?  YES NO CONI  RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAR	WERE FINDI ING CAUSES  TO THE PROPERTY OF T	NGS US OF DE NO
if them 2.1 is morked or frem to snows any injury, or onner		gave rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF MANY MIRE.  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  270. I certify that (1) this hosping saw the deceased alive an above (11) we) (Gid) (did no 27b). SIGNATURE	DUE TO, OR AS A CONSEQUIDATIONS CONTRIBUTING TO TO THE PROPERTY OF THE PROPERT	OPERATIO  AY YEAR  19 FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  4/3 , 19-79 and that in my (aur) opinion of DEGREE  ATTENDING PHYSICIAN	206 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  deoth accurred on the do	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAR	WERE FINDI ING CAUSES  COUNTY  GOING THE TOTAL T	NGS US S OF DE NO that (I
APORTAN: If nem 2.1 is monked or frem 10 snows grify injury, or onner	MEDICAL	gave rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF AMERICAN ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. 1 certify that (1) (this hosping saw the deceased alive an abave (1) (we) (fid) (did no 27b. SIGNATURE)  WHAT ALL A  22d. PHYSICIAN'S NAME (TYPE O	DUE TO, OR AS A CONSEQUIDATIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH  19b. CONDITION FOR WHICH  19b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) ottended the deceased from the contribution of	OPERATIO  AY YEAR  19 FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19.79  nd that in (aur) opinion of DEGREE  ATTENDING	INAL DISEASE OR CONI  206 AUTOPSY?  YES NO CONTROL  CITY OR TOWN  CITY OR TOWN  MEDICAL STAF  DIRECTOR PHYSIC  IAL HOSPITA	20b. IF YES, IN CERTIFY YES YIN ITEM 18, PAR IN TEM	WERE FINDI ING CAUSES  COUNTY  Good from the	NGS U
APORTAN: If nem 2.1 is monked or frem 10 snows grify injury, or onner	MEDICAL	gave rise to immediate couse (oil), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF AMERICAN ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hosping sow the deceased alive an above (1) we) (filed) (did no 27b. SIGNATURE)  WHAT ALL ALL CONTRIBUTION AND AL	DUE TO, OR AS A CONSEQUIDATIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH  19b. CONDITION FOR WHICH  19b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) ottended the deceased from the contribution of	OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  211 LOCATION 211 LOCATION STREET  4/3, 19 7 9 and that in (aur) opinion of physician [ 22e. ADDRESS UNION MEMOR	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES YIN TEM 18, PAR IN	WERE FINDI ING CAUSES  COUNTY  Good from the	NGS U MGS U

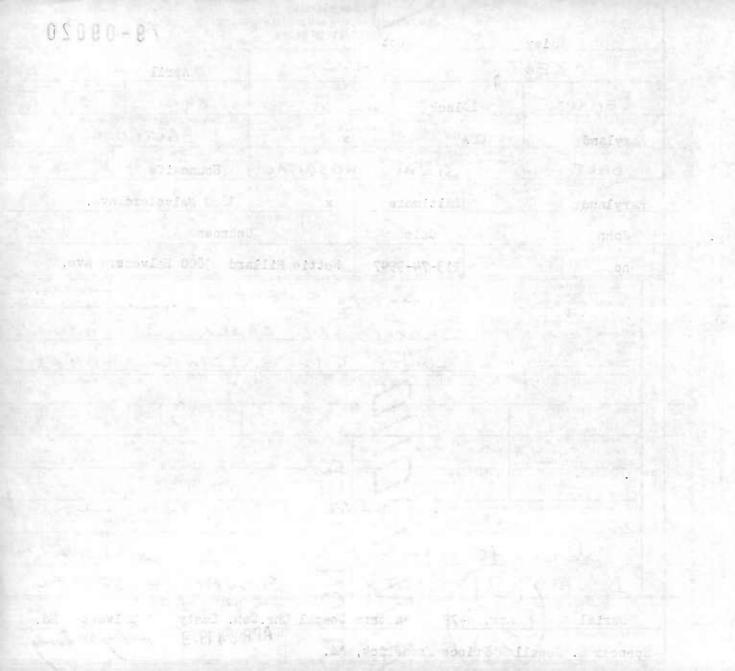
2 W 34 VO		YIRVARY	ai/At.	315/8
		Best, at size	on Edit	rnmale
2712 180			A20	function is
	Моливая	18 601 0		SACRETALLY.
egestor Avo.	1412 B		gg . i.	also book ask
	himIfol	104 sest		oel agrand
	Tarrou .T. a.	iena .era onan	27.5-0.3-	
				de la company de
				Service Control of the Control of th
				Service Service

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) lance 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNGER 1 YEAR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS HOURS Female. Black 1927 51 9 BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. S. C. WIDOWED BAlto, City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Provident Hospital Baltimore Packer Glass. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL NO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Balto. 13d INSIDE CITY LIMITS? 2570 Druid Park Dr. 0 YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME C MIDDLE LAST MIDDLE puo Major Bradley Elizabeth Bradlev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220 22 8611 Mrs. Bertha Keels 4119 Rockfield Ave. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? riol-tronsit per YES I NO I NO 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR the buriol-tra OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION La 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK of Heal 22a.1 certify that M (this hospital) attended the deceased from, DIRECTOR sow the deceased alive an. and that in (par) (our) opinian death occurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the bady after death old be detached f 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL MPORTANT: IF evacioss PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS shoul with 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE STATE Lynchburg, S. Burial King Emamanuel Cem. 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 1701 Laurens St. (VR A 15 (4)) James A. Morton & Sons

	A Waring		
12	7 1027	6	Pewalie
vill .oith		B.8.A.	.5 .2
7 10 1		Provident Torritori	1 - f - 1
of the death of the		Talko.	.68
wa there	TI izabeth		ajor Bradlen
Meets 4110 Took Held Age	edital .em	220 92 2611	0.0

TO COMMEN

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Ken CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) KENT 20 April 1 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 9 DAY MALE Dlack 03 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY Ja. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) BALTI MORE USA Maryland WIDOWEDX 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) HOSPITAL Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PIO 3800 Belvederd Ave. Baltimore YES Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cole Unknown John ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3800 Belvedere Ave. Nettie Millard 213-74-9947 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY TINJTE IMMEDIATE CAUSE (O OR AS A CONSEQUENCE OF REPRACTOR HOU3 Conditions, if ony, which gove rise to immediate cause la , stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last BLLEDIN C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES buriof-tronsit 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY Or AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 20 saw the deceased alive on. \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22h. SIGNATURE DEGREE # ATTENDING MEDICAL STAFF should be deta DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23h. DATE 23d. LOCATION STATE Burial Eastern Chapel Chr. Cem. Lusby Apr. 24-79 alvert Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Prince Frederick. Md. (VR A 15 (4)) Spencer E. Sewell



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-0902

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH April 7, 1979 JANE WYNNE KIBBIER 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS Female 1889 White July TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Sinai Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1510 Sheffield Road 21218 YES TO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE John Hopkins Williams Sarah 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 216-46-5436 Mr. John F. Kibbler 1510 Sheffield Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F 21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on abave, (I) (we) (did) (did not) view the bady after death DEGREE 22t. DATE SIGNED ATTENDING MEDICAL **PHYSICIAN** DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 5670 Myung Hee Chung. The Alameda 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Baltimore Burial 4-10-1979 Parkwood Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. 5305 Harford Rd. Balto: Md

DHMH - 16 50M 1/76 (VR A 15 (4))

79-09621 Statement of the control of the second of th activate on the same on these

or not it, but it inc. The serious telephone to the serious

The same of the sa

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09022

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG.		004	Schlader Committee
	ECEASED NAME	FIRST		WIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYI	PE OR PRINT)	Stella		I.		Kight		04	18 79	
3. S			RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
	Female		White	2	Feb		72 years	S YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE STATE OR F	OREIGN 7	b. CITIZEN OF		TRY? 8.		9. BALTIMORE CITY		Y OF DEATH	
1	Maryland		U.S.A	١.	WIDOWS	D NEVER MARRIED D	Baltimo	re Cit	v	M
10	CITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NI	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b. KIND	OF BUSINESS O
10	Baltimore	1000	0000	Colche	ster Roa	d 21229	Homemake		IFE) INDUSTRY	
USI	UAL RESIDENCE (IF NUR		OTHER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSION)					
130	Md.	136 COUN	Y	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	3933 Col	chasta	r Road	21229
14.1	FATHER'S NAME					15. MOTHER'S MAIDEN NA	AME	CHEBLE	,1	
on	James	M	IDDLE G1	rubowsk	i	Pauline	MIDDLE		Unk	nown
16a.	WAS DECEASED EVER	IN U.S. ARM			SECURITY NO.	17 INFORMANT	ADD	RESS		
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-09	9-5833A	Hazel Cote.	3020 Colo	hoator	Pond	27220
=	18 CAUSE OF DEAT					nazer core,	3929 0010	Hestel	APPRO	XIMATE INTERVAL ONSET AND DEATH
	410-		DUE TO, O	R AS A CONS	EQUENCE OF	0115 =	047			
0 0	Conditions, if ony gove rise to im		(b)_		177	001/0	CHI			
	couse (o), statu		DUE TO, O	R AS A CONS	SEQUENCE OF					
		1 11 11	( (c)							
z		NIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GI	VEN IN PART I	(0)
CERTIFICATION	190 DATE OF OPERA	TION	195 COND	ITION FOR W	HICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
2 SE	THE DATE OF CHERT		170. COND	morrow m	-		YES T NOT	IN CERT	IFYING CAUSE	
	21g. ACCIDENT WAS UN	DERLYING 🗀	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUP				КО 📙
		CAUSE OF DEAT	The same of the sa		DAY YEAR				1200	
NEDICAL	(IF EITHER, NOTIFY MEDIC		-	OF INJURY	19	HT LOCATION				
ME	WHILE NOT W	/HILE	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM ELET	STREET	CITY OR T	OWN	COUNTY	STATE
	22a. I certify that (I	ORK —	-1\ attackad at	Lancard 6		1 3/ 1076	6 41	18	1079	, that (I) (we) la
3	sow the deceos		4/2	179		nd that in (my) (ess) opinion	death accurred on the	date and ho	ur and from th	
	22b. SIGNATURE	did not	view the body	ofter deoth		DEGREE			122c DAT	E SIGNED
	TIV. SIGINATORE	7	1.10	5	2/11.0		MEDICAL ST	AFF _	11/	n/1/7/
	22d. PHYSICIAN'S N	AAAE (TYPE OF	741 7	and	1000	PHYSICIAN 22e. ADDRESS	DIRECTOR   PHY	SICIAN	17/	20179
	DESCRIPTION OF THE PERSON OF T									
1	Dr. Pas				02	4001 Wilke				
230	BURIAL, CREMATION	REMOVAL	23b. DATE	/70		CEMETERY OR CREMATORY	23d. LOCATION	ore C.	COUNTY	aryland
	Burial		4/23/	79	Baltimo:	re National C	em. Baltin	ore C		
24.	FUNERAL DIRECTOR	1100		ADDRE	alto.,Mo	1. 21229 250 DA kens Ave. AP	D ) () 1979	K ZSB REGIS	HAR'S MELL	ready
	Hubbard I	unera	I Home,	Inc. 4	IU/ Will	kens Ave. AP	1/ 20 1010		/	

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottent should be detached for use as the burial-fransit permit. Then please remove as with the State Dept of Health and Mental Hygiene prior to burial, crematian,

O HOSPITAL OR ATTENDING PHYSICIAN: The la

retained by the hospital

79-09022

Total Control of the same of t							
The state of the s		CL 13					
To the order of the control of the c							
To the second of					,	and a state of the	
The state of the s							
The section of the se	ZTO					ii Umo link	الأثاث
The second of th		The stant		nc 1.,.	4,77	er hotoni	
						31 - 4	2 II A = 5 = 3
	AT. 1		2 Squadres		do Mines		
					, and Ion	1927 Collettor Ser	Mart , Bear was
			N. Carlotte			that level he	
						The same	
			- T. S. S. H.				

9-09023 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH I. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS Black Male 1919 10 TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U. S. A. S. C. Baltimore City WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Raltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY Baltimore 1529 Holbrook St. 13d. INSIDE CITY LIMITS? auld Md. YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Kinda]] Pu Baskin Acie Katie O 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) John Kindall 35 Mt. Joy Ave. Freeport, N.Y. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 190 DATE OF OPERATION ACADITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? burial-transit p Mental Hygien NO YES [ NO [ sha 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 5 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 72L DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN E MPORTANT 774 PHYSICIAN'S NAME (TIPS OR PRING 77a ADERES ld b O 23s BURIAL CREMATION REMOVAL 33b. DATE THE NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE (SPECIFY) Smithfield Cemetery 18/79Cheraw, 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 **ADDRESS** (VRA 15(4)) Wm. C. March F/H 1101 E. North Ave

STATE OF MARYLAND

68080-81 love a significant 918 A 1844

#### STATE OF MARYLAND 9-09024 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR Ze. DATE . DECEASED NAME HOUR (TYPE OR PRINT) arie E. Kindbug IF UNDER 24 HRS. 6. AGE (INVEN IF UNDER 1 YEAR 3. SEX OAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED E COUNTRY balluste WIDOWED DIVORCED F BUSINESS OR OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND G INDUSTRY MawilE muusing 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Kewlon HTS aus reltuore IS MOTHER'S MAIDEN NAME IL FATHER'S NAME WIDOU Senner ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Chart-(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per postop. - Cardiae arrest PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE hisrae Valve Replacarent. Conditions, if ony, which gove rise to immediate couse (a), stoting the 5/ventuevan failors: my nal valve underlying couse IGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM N. DISEASE OR CONDITION G DIVISION OF VITAL RECORDS, CERTIFICATION 0 20h. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO [ Hygi WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, STC WHILE NOT WHILE AT WORK 22a. | certify that (I) (this haspital) atta \_\_ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT hood 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23s. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY (SPECIFY) Baltimore BP Parkwood Burial 4-10-1979 Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 eonard J. Ruck, Inc. 5305 Harford Rd. Balto: Md. (VR A 15 (4))

7.9-0.90.24
A REAL PROPERTY OF THE PARTY OF
Towards Commission of the Second Commission of
The state of the s
August Carrier of the state of the
Seed to the seed of the seed o
202 - 10 Child
The second section of patest classical account
Transmitted as the countries of the first the second second
Salt to the salt of the sales of the salt of the salt of the
Regard 12 Congress of the Cong
KIT THE WALL OF THE STATE OF TH
Marchen J. Williams J. Williams J. Williams
I William Software the of the training the training that
there were provided to the confidence of the con
The Property of the Party State of the Party

0	-		FOR		0.004.074		OF MARYLAND	CIENT TO O	0.00	0.5
1		1 -	STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY ICATE OF DEATH	GIENE / 9	-090	25
(AA)			CEASED NAME FIRST OR PRINT)	HONY	WIDDLE	KIN	V G	2a. DATE OF DEATH	1-06-	YEAR 26. HOUR -79 4.15Pm
	1	3. SE		4 RACE		S. DATE O		6 AGE (IN YEARS LAST		UNDER 1 YEAR IF UNDER 24 HRS
Poge direct	-	7a. B1	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	- 1- 20	BALTIMORE CITY	YRS OR COUNTY O	FDEATH
desith of or once	33		DUNTRY)	L.	S.A.	MARRIED WIDOWE	D NEVER MARRIED &	CITY		MD.
on the	39	10 CI	BALTO.		CH FACILITY, GIVE STREET		ROTHER INSTITUTION	120 USUAL OCCUP. (TYPE OF WORK FOR MOS		126 KIND OF BUSINESS OR INDUSTRY
ND 212	3	USU/ 13a S	TATE 136 CC	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE	N 1	138 INSIDE CITY LIMITS?	13e STREET ADDRES	hirley	Aue.
d -the	aio	14 FA	THER'S NAME	MIDDLE	LAST		IS MOTHER'S MAIDEN N	WIDDLE		LAST
MORE, A	1		AS DECEASED EVER IN U.S.		571-18-61	00-31	17 INFORMANT NACY Rei		DRESS	
ificote Physician physician movel.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	r line far (a), (b), and	IcM	III IAK T RO			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death certile of the ottending person or ren			Canditions, if ony, which	( jb)	DR AS A CONSEQUE	NCE OF	Lung	X GJ 7	ract	
s that the ed by the please rer			cause (o), stating the underlying cause last	DUE TO, C	DR AS A CONSEQUE					
RECORDS, 2 I law require: as been signs sermit. Then p		TION	PART 2 OTHER SIGNIFICAN				Maria A. M. Carlot			
	2	CERTIFICATION	19g DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicia this certificate the buriol-transit ad Mental Hygie d or frem 18 sho	2		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A	OF INJURY  .M. MONTH DA  .M.	YEAR	21t. HOW INJURY OCCU	RRED (ENTER NATURE OF IT	JURY IN ITEM 18, PART	I OR PART 2)
		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR	OWN	COUNTY STATE
A Sise eol eol			220 I certify that (I) (this he saw the deceased alive		he deceased from_	3-			-6-19	, that (1) (we) lost
R ATTEN hospitol IRECTOR hed for u			abave, (1) (we) (did) (dec	not) view the bod	y after death.	/	d that in (my) (aur) opinion	death occurred an the	date and hour o	22c. DATE SIGNED
			13. Na	Virga	m	M		MEDICAL S DIRECTOR PHY	SICIAN A	104-06-79
FUNI FUNI FORTA			1220 PHYSICIAN'S NAME (TY	ayan	a		Baltimol	re MD-2	Hospita	
Bb————————————————————————————————————			URIAL, CREMATION, REMOVED	/AL 236. DATE	-79 11	IAME OF CI	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	TO. K	DUNY STATE
DHMH - 16 50M 1/76	ŀ	24 FU	INERAL DIRECTOR	1 (1)	APDRESS	Vesit	25o. DA	TE REC'D. BY REGISTR.		R'S'SIGNATURE
(VR A 15 (4) )	- 1	V	ernon Bailay	1348	Callance	~ 5	V.	1 0 1979	Breed way	7000

52.00.0-67

	d	a	C	3	
ì	П	ľ	1	ġ.	
1	k	Z	1	1	
-11	١.	r	₩.	7	

within 24 hours after death. Page 4 may be

n and campletely filled in by the funeral Pages I and 2 should be filed within 72

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

Lassahn Funeral Home

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09026

		REGISTRAR				CERTIF	ICATE OF D	EATH	REG	NO.	0 2 0	
		EASED NAME OR PRINT)	CALLI		ive.		NG		20 DATE OF DEATH APRII	MONTH	1979	9:35A
1	3. SEX		4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	F	emale		White	n	2	5	1901	78	YRS		MIN.
4		RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER A	AARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	110000
1	Vi	rginia		USA		WIDOWE	D.X. DI	ORCED	Baltim			MD.
5		ltimore	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSING CH FACILITY, GIVE STREET COME	ADDRESS)		TITUTION	TYPE OF WORK FOR MO Housewi	T OF WORKING	LIFET INDUSTRY	making
5	13a. S	L RESIDENCE (IF NURS TATE LTYLAND	13b COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltimo	/N	13d INSIDE C	ITY LIMITS?	13e STREET ADDRES 5721 Ka		venue	
	14. FA	THER'S NAME FIRST	AAIF	DLE	LAST			MAIDEN NAM	ME		1A	ST
6		Fred			Hamri	c		lora	Ga	У	Bo	ggs
,	16a. W	(AS DECEASED EVER	IN U.S. ARMI	D FORCES?	16b. SOCIAL SECU		17 INFORMA			DRESS		
		No			220-24	-987	Jack	L. K:	ing 2	09 Wa	mpler :	Road
		Conditions, if ony gove rise to imm cause (a), stating underlying cause	mediate ng the lost.	DUE TO, O  (b)  DUE TO, O	r as a consequ CONGEST	ENCE OF SCLEI ENCE OF IVE I	ROTIC	CARDIO FAILUI	OVASCULA	R DIS		(a)
2	CERTIFICATION	190 DATE OF OPERA	NOIT	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CER	YES, WERE FINDI	
7		210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH		OF INJURY .M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF I	-		
	MEDICAL	AT WORK AT WO	HILE ORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	DN .	CITY OR		COUNTY	STATE
		220.1 certify that (8) saw the deceas above, (1)	this hospital ed alive an dip (did nat)	APRII view the bady	ne deceased fram. 24, 19	19_, 01	nd that in (my)	auropinion	, taAPR		nour and fram the	2012
		22b. SIGNATURE	. N	Eize	emi,	N.D.		ATTENDING PHYSICIAN [	DIRECTOR PHY	TAFF SICIAN	4/13	SIGNED 24-199
			. NAZ					N. BR	CH HOSPI OADWAY,			
	23a B	SURIAL, CREMATION, SPECIFY) Burial	, REMOVAL	236. DATE 4/27/	,		emetery or o		23d LOCATION CITY OF TOWN Overle	a	Baltim	ore Md.
	24. FL	INERAL DIRECTOR		1, 10 17				25a. DAT	E REC'D. BY REGISTR			-
	T	assahn F	unera	1 Hom	ae 740	)1 Be	lair B	oadno	D 97 1079	Tir	frey MC	VEGET

7401 Belair RoadApp

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval. etained by the haspital or attending physicia DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The lo

				Very series	
		1001		as Life	
					alalyalv
alemon o	of isomorphic		rolf emp)		ewo-is ind
annen.	A nova 1515		prom/d I		
		Stocks -	okradi		berl
max motor	F 209 m	d . I sloat F	80-65-05		0%

iding physicion

should be detached for use as the buriol-tronsit permit. Then pl with the State Dept. of Heolth and Mentol Hygiene prior to bur

retoined by the hospitol TO FUNERAL DIRECTOR-

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN:

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09027

		CERTIFICATE OF DEATH						
	CEASED NAME FIRST OR PRINT)		MIDDLE	LAST	2a DATE OF DEATH	MONTH D		26 HOUR
3. SEX	FRANK			KING		4 2	79	- 1 -
		4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	HOURS A
	Male	Blac		4 10 1893	85	YRS	IOITII DAIG	1,000,0
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	S.C.	USA			Baltim	ore		
10 CIT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b KIND OF	F BUSINESS
F	Baltimore			St.	(11PE OF WORK FOR MOST C	P WORKING LIFE	INDUSTRI	
	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	)	La CERTE ARRES			
		VII	Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Feder	al St	
	Md THERS NAME		Daltimore	15 MOTHER'S MAIDEN NA		10001		
T	Elias	MIDDLE	King	Luvenia	MIDDLE		LAST	ing
	CLLAS /AS DECEASED EVER IN U.S. AF	MED EODCESS	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	55		THE
(YE	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)						
	No l		<u> </u>	<u>Elias Wils</u>	son 3513	Powha	atton.	AVE .
NO.	PART 2. OTHER SIGNIFICANT  CONGESTIVE HE 190 DATE OF OPERATION	FART F	ONTRIBUTING TO DEATH BU HLUPE, ASCU ITION FOR WHICH OPERATI	<b>D</b>	20a AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN	GS USED OF DEATH?
E .	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	DF INJURY	21c. HOW INJURY OCCUR	YES NO		RT   OR PART 2}	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY YEAR	2				
-	(IF EITHER, NOTIFY MEDICAL EXAMINER		M. 19	21f LOCATION				
음			REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE
U	21d INJURY OCCURRED	21e. PLACE (AT HOME, ST		21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	
	WHIE ATWORK ATWO	Mare the body	6 19 79	DEGREE  ATTENDING PHYSICIAN  170 ADDRESS	, ta	FF/		couses stat
WE	220.1 certify that (this hosp saw the deceased alive or above, Friwe) with (did no 22b. 5 in 10	Mace of yiew the body	6 19 79	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI	FF/	and fram the	couses state
	22a. Prischare Name  22a. Prischare Name  22b. Scientific Carrier  22b. Scientific Carrier  22c. Prischare Name  CARY P. P.	Mare Mare body the body	ofter death. 19 74	DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS	MEDICAL STAI □ DIRECTOR □ PHYSIC	FF/	and fram the	
23a BU (SF	220.1 certify that (this hosp saw the deceased alive or above, Friwe) with (did no 22b. 5 in 10	Mare Mare body the body	ofter death. 19 74	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC	FF IAN Z	and fram the	couses state

0

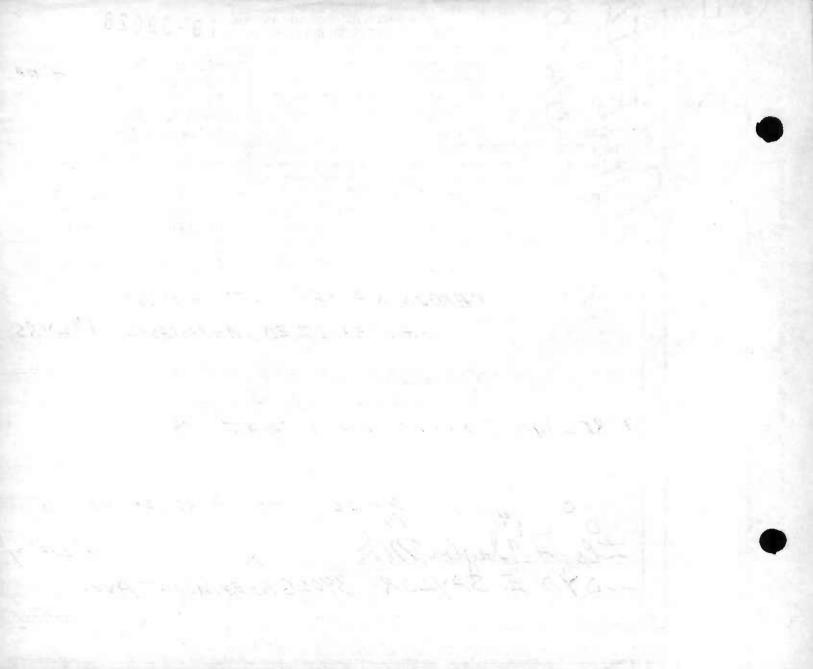
\$ ---- T

we are the same of the same of

AND THE REAL PROPERTY OF THE PARTY OF THE PA

79-09028 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH 2h HOUR DECEASED NAME LTYPE OR PRINTS **GRACE** ADELAIDE April 24, 1979 KING 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 473/1884 White Female 95 7n. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baltimore City 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Edgewood Convalescent Home Insurance Baltimore 13d. INSIDE CITY LIMITS? 136 COUNTY 812 Belgian Ave. Baltimore 21218 Maryland YES P 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME King William Finley Brown Clara 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TYES NO OR UNKNOWN) I LIE YES GIVE WAR OR DATES) William B. King, Jr. Same as 13e 212.01.0767 No 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c PART I. DEATH WAS CAUSED BY: CARCINOMA OF BREAST (Left) WITH GENERALIZED METASTASIS Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. I certify that (1)(this hospital) attended the deceased fro and that in my (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Maryland 4/26/1979 Baltimore Cremation Green Mount 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Walter Brooks Bradley Inc. Balto., Md. (VR A 15 (4))

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filled within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00020

	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	79-U	9030	
	1. DE	CEASED NAME FIRST	WIDOLE		LAST TAT DAY	20 DATE OF DEATH	MONTH DAY YE	20 110 011
		Verdn	a Eugene		KIRK	APRIL 1	5, 1979	7:42P <sub>M</sub>
	3. SE)	ale	White	5. DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY		н
85	We	est Virginia	U.S.A.	WIDOWE		Baltimo	re City	MD.
35		altimore	(IF NOT IN SUCH FACILITY, GIVE STREE Church Home	T ADDRESS)		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Longshor	F WORKING LIFE) INDUS	nd of BUSINESS OR STRY hip Yard
35	13a. S	AL RESIDENCE (IF NURSING HOMEO TATE 136 COU	or other institution, give residence before institution, give residence before institution, give residence before institution. Give residence before institution, give residence before institution in the contract of	WN	13d. INSIDE CITY LIMITS? YES 🕱 NO 🗌	13e STREET ADDRESS 123 Nort	h Potoma	c Street
300	14. FA	THER'S NAME FIRST  Joseph	MIDDLE LAST Kirk		IS MOTHER'S MAIDEN NA FIRST  Bertha	MIDDLE	S	telley
1	(1	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV CS WW	VE WAR OR DATES)		Joseph E.	ADDRI Kirk	Es 6816 Bes Balto. N	ssemer Av
·	CERTIFICATION	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CON	DITION GIVEN IN PAR 20b. IF YES, WERE FI	INDINGS USED
7	ERTIF	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO EX	YES 🗍	NO 🗆
9	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	DAY YEAR			, , , , , , , , , , , , , , , , , , , ,	, • /
e:	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
		saw the deceased olive at	otton ottended the deceosed from APRIL 15, 19 at view the body after death.	70	RTL 8 , 19 79 autopinion	, toAPRTI death occurred an the d		, that (I) last in the causes stated
		226. SIGNATURE BU	Lam		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		ATE SIGNED 1-15-79
1		J. BERT	OR PRINT) TRAM, MD		100 N. BR	CH HOSPITA OADWAY, BA		
	23a. B	SURIAL, CREMATION, REMOVAI SPECIFY)  Cremation	23b. DATE 23c.		n Mount	23d LOCATION CITY OR TOWN Baltimo:	COUNTY Ma	state
	24. FL	JNERAL DIRECTOR Duda-	-Ruck, Incaporess	OFCE		E REC'D. BY REGISTRAR		
			venue, Dundalk	, MD	21222 AP	R1 8 1979	property /	18 Cready

DHMH - 16 50M 7/7 (VR A 15 (4))

08080-01				
Wester and the second	G. Line en G.			
			la levity Small	
			An Section	
Ro Line				
arear lands				
	The second			
		Total Carmen		

STATE OF MARYLAND

Vector as another assume as the contract of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) STANLEY MARTIN WLEIN 3 SEX 6 AGE (IN YEARS LAST BIRTHOAY) YEAR MALLE WHITE HOURS 1905 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED BALTIMORE CITY W. VIRGINIA USA WIDOWED DIVORCED -2 DI PEDIGINESS OR PROPRIFTOR BALTIDORE HOSPI USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY BALTIMORE W.COLD SPRING LA. MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE GOLDENBERG MATTIE LOUIS 100 W. COLD 17 INFORMANTMRS. VIVIAN KEDENS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) #21210 215-09-9850 SPRING LA., APT. 504W APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ARDIAC ARREST DIW. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF HEART DISCASE ARTERIO SCLE ROTIC anditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on .. obove, (I) (we) (did) (did not) view the bods ofter death. be detoched e Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 0137 \*\*\* ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ld b VERSTEE G KOSPITAL 123d LOCATION AD CITY OF BALTIMORE 23e. BURIAL, CREMATION, REMOVAL ANATOMICAL BOARD OF (SPECIFY) REMOVAL MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SOL LEVINSON & BROS.. DHMH - 16 60M 1/75 60TO REISTERSTOWN RD., BALTOS, MD 21215 (VRA 15 (4))

78-08032 THE WORLD Topo II a remain a superior

	L	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	'GIENE REG. N	79-0	9033
		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		Lambert		Liphouse	April 28,	1979	7:35 <sup>a</sup> N
	3 SE	Α.	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNI	DER I YEAR IF INDER 24 HRY
ai /	7a. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8 4/30/15	9 BALTIMORE CITY C	YRS OF COUNTY OF C	)EATH
Owo		COUNTRY	VSA	MARRIED LINEVER MARRIED			
edot	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED   DIVORCED   ING HOME OR OTHER INSTITUTION	Baltimore	ION 12	b. KIND OF BUSINESS OR
To de	1	Baltimore	Maryland Gene		CLERGY	F WORKING LIFE) IN	IDUSTRY
	USL	AL RESIDENCE (IF NURS OME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13e STREET ADDRESS		
2)		MD	BALTO WHITE		10925	RED	LION
No myne	14. F	ATHER'S NAME FIRST	KLIPHOUSE	15 MOTHER'S MAIDEN N	AHRE.	105	LAST
0	16a	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b SOCIAL SEC		ADDRE	ESS ESS	
medico		(IF YES, G	IVE WAR OR DATES) 14403		KLIPHOUSA	E	A BOVE
even		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY: ATE CAUSE (o) CARDIOPT	LMONARY FAILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y, or other troumatic even	9	Conditions, if ony, which gave rise to immediate couse lot, stating the underlying couse lost	SED BY: ATE CAUSE (b) CARDIOPU  DUE TO, OR AS A CONSEOU  (b) Metastati  DUE TO, OR AS A CONSEOU  (c)	ILMONARY FAILURE  JENCE OF  LC Carcinoma of Pro  JENCE OF		DITION GIVEN IN	
injury, or other troumatic even	NOI	Conditions, if ony, which gave rise to immediate couse lot, stating the underlying couse lost	SED BY: ATE CAUSE (b) CARDIOPU  DUE TO, OR AS A CONSEOU  (b) Metastati  DUE TO, OR AS A CONSEOU  (c)	LMONARY FAILURE  JENCE OF  LC Carcinoma of Pro		DITION GIVEN IN	
	FICATION	Conditions, if ony, which gave rise to immediate couse lot, stating the underlying couse lost	DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  (b) Metastati  DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO	ILMONARY FAILURE  JENCE OF  LC Carcinoma of Pro  JENCE OF	MINAL DISEASE OR CON	206. IF YES, WEF	I PART I (0) RE FINDINGS USED CAUSES OF DEATH?
	ERTIFICATION	Conditions, if ony, which gave rise to immediate couse 10, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  (b) Metastati  DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO	JEMONARY FAILURE  JENCE OF  JENCE OF  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \sigma \) NO \( \overline{\overli	20b. IF YES, WEF IN CERTIFYING YES [	PART I/O RE FINDINGS USED CAUSES OF DEATH? NO
swous 81 m	AL CERTIFICATION	PART I. DEATH WAS CAUS  IMMEDI.  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH IS	JEMONARY FAILURE  JENCE OF  C CARCINOMA OF Pro  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  21c. HOW INJURY OCCUM	MINAL DISEASE OR CON	20b. IF YES, WEF IN CERTIFYING YES [	PART I/O RE FINDINGS USED CAUSES OF DEATH? NO
9		PART I. DEATH WAS CAUS  IMMEDI.  Conditions, if ony, which gave rise to immediate couse to statung the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CARDIOPE  ATE CAUSE (D)  CARDIOPE  DUE TO, OR AS A CONSEOU  (b)  Me tas tati  DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  DEATH HOUR A.M. MONTH ER)  P.M.  216. PLACE OF INJURY	JEMONARY FAILURE  JENCE OF  C CARCINOMA OF PRO  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \sigma \) NO \( \overline{\overli	20b. IF YES, WEF IN CERTIFYING YES [	PART I/O RE FINDINGS USED CAUSES OF DEATH? NO
9	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS  IMMEDI.  Conditions, if ony, which gove rise to immediate couse 10, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH (ER)  P.M.	JEMONARY FAILURE  JENCE OF  C CARCINOMA OF PRO  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION	MINAL DISEASE OR CON  200 AUTOPSY?  YES \( \sigma \) NO \( \overline{\overli	20b. IF YES, WEF IN CERTIFYING YES  RY IN ITEM 18, PART 1 0	REFINDINGS USED CAUSES OF DEATH?
1 G		PART I. DEATH WAS CAUS  IMMEDI.  Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that 1 (this has, sow the deceased alive a above the well clind pages.)	DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH ER)  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	JEMONARY FAILURE  JENCE OF  C CARCINOMA OF PRO JENCE OF  DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 211. LOCATION STREET  APPL 26 19 79 79 , and that in (20) (our) opinion	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO REPORTED (ENTER NATURE OF INJUIT  CITY OR TOW	20b. IF YES, WEI IN CERTIFYING YES THE TENT TO THE TEN	REFINDINGS USED CAUSES OF DEATH? NO
I: If them 21 is marked or Ifem 18 shaws.		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate couse 10, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE ATWORK ATWORK  22a. I certify that (his has) sow the decessed alive of above stating (idid) statis 22b. SIGNALURE	DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH ER)  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  pitol) ottended the deceosed from April 28  19 view the body offer death.	JEMONARY FAILURE  JENCE OF  C CARCINOMA OF PRO JENCE OF  JENCE OF	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO REPORTED (ENTER NATURE OF INJUIT  CITY OR TOW	20b. IF YES, WEFIN CERTIFYING YES THE TENT TO THE TENT	REFINDINGS USED CAUSES OF DEATH? NO
MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other troumatic even		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate couse 10, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK AT WORK  22a. I certify that 1 (this has, sow the deceased alive or above of the well (did of the) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	DUE TO, OR AS A CONSEOU  (c)  T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH ER)  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  pitol) ottended the deceosed from April 28  19 view the body offer death.	JEMONARY FAILURE  JENCE OF  C CARCINOMA OF PRO JENCE OF  JENCE OF	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO RRED (ENTER NATURE OF INJURE)  CITY OR TOW  10 APTIL  1 deoth occurred on the do	20b. IF YES, WER IN CERTIFYING YES CONTROL OF THE PROPERTY IN ITEM 18, PART 1 OF THE PROPERTY IN ITEM 19, PART 1 OF THE PART 1 OF THE PROPERTY IN ITEM 19, PART 1 OF THE PART 1 O	RE FINDINGS USED CAUSES OF DEATH? NO

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

74 FUNERAL DIRECTOR

7. 5. CONNELLY

ADDRESS 300

23d LOCATION

MAY 3

TOTOWA BY REGISTRAR 256. REP

7 9 - 0 9 0 3 3 5/25/2 193 MODE SHALL WHEN ASSETS TO THE TENES OF THE CHREST KATERINGS MINE PRINCES BANDE SEWHALIN ROLL BONE Seilour Tutavan I. ofo organic Sanaral Souther the following manager assessment of the admitted THE CAR CONTRACTOR STATES

STATE OF MARYLAND

	MANY OF EAT A		
	V. 0	0	134
	99-85 (Se	14	
1. 2. 1.			Largiera
Seapotress Determine	EMP HAME	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Moltinge
LANGE ALON OF THE	07.01	bis	51
bisword_bis	John Land	125	U mond U.
es 1307 W. both street 21213	TECH TRIANTER	C-110	O-A
	201056		
No the result of the second of	who ha		
onestner figge (41 %. 16			is least
	This idea 212111	TELL HOND BUT	

age 4 may be

requires that the death certificate be executed within 24 hours afte

TTENDING PHYSICIAN: The low

must be natified at ance

IMPORTANT: If Hem 23 is marked at Item 18 shaws any injury, at other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

	FOR
-	STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-09035

		REGISTRAR		CER	TIFICATE OF DEA	ATH	REG. NO	0. 0 0 0	, •	
ì		CEASED NAME FIRST	MIDDLE	1-1	LAST	1		MONTH DAY	YEAR	2b. HOUR
		CAR	RIE	RAL	LG		APRIL	15 1	979	M
	3 SE)	× /-	4 RACE		TE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRT			HOURS MIN
	7- 91	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT	COUNTRY?	AY 28	1888	BALTIMORE CITY O	YRS YRS	EDEATH	
21		OUNTRY)	// CITIZEN OF WHAT	A MAR	RIED NEVER MA	RRIED 🔲	BALT	man	-	151
20	10 CI	ITY OR TOWN OF DEATH		ITAL, NURSING HOA	AE OR OTHER INSTITU	RCED	120. USUAL OCCUPATE	ON	12h. KIND OF	BUSINESS OR
00	6	ALTIMORE	2613	FOSTE	RAVE		TYPE OF WORK FOR MOST O	FWORKING LIFE)	INDUSTRY	
	USU/	AL RESIDENCE 1 IF NURSING HOME OF	OTHER INSTITUTION, GIVE R	RESIDENCE BEFORE ADMISS	I34 INSIDE CITY	LIMITS?	3. STREET ADDRESS	j.m.		1
35	M	ATHER'S NAME		ALTIMO	YES DE N	10 🗌	2613	F057	ER	AVEI
24.	14. FA	FIRST	MIDDLE	LAST	IS MOTHER'S W		MIDDLE		LAST	
2.5	16a V	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY N	O. 17 INFORMANT	KIV	ADDRE	SS		
1	(1	YES, NO OF UNKNOWN) (IF YES, GIV	E WAR OR DATES)	18 28 39	196 MAR	GARL	ET BAR	TLET	7 0	SAME
	-	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE		or 10/161, 0707511		2/			SETWEEN OF	NATE INTERVAL NSET AND DEATH
1			TE CAUSE (D)	ule Cox	ronary c	10010	13100			
		410-	DUE TO, OR AS	a consequence o	)F					
		Conditions, if any, which gave rise to immediate	(b)	rangolium en terrogene	1					
		couse (a), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENCE O	, )					
		PART 2 OTHER SIGNIFICANT		BUTING TO DEATH	BUT NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
	ō N									
-5	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	TION WAS PERFORM	۸ED	20e AUTOPSY?		VERE FINDING NG CAUSES C	OF DEATH?
1	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJ	LIRY	214 HOW IN III	PY OCCUPPE	YES NOW	YES [		NO 🗌
9		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YE	AR	KT OCCORRE	D (ENTER NATIONE OF INJOIN	THE HEM TO, PART	TOR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	21e PLACE OF IN	IJURY	211 LOCATION					
	¥	AT WORK AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC	.) SIRRET	- 0	CITY OR TOW	N	COUNTY	STATE
		220.1 certify that (1) (this hosp		eosed from	-/7	19//	. 10 4- 15	. 19:	17 . 11	hat (I) (we) last
		say the decroyed slive on baye (I)/wel(did) did no	w the body ofter	deoth.		ur) opinion de	oth occurred on the do	ate and hour or		
		THE SHOWATORE	1~	A )	DEGREE	ENDING/	MEDICAL STAP	·F	22c. DATE S	IGNED 79
-		224. PHYSICIAN'S NAM	3 PRO T)	2	220 ADDRESS	YSICIAN M	DIRECTOR   PHYSIC	IAN	14-1	/-//
		Benigno R.	Lazaro, U	M.D.	59 Du	ındalk	Avenue			
	230 B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME C	OF CEMETERY OR CRE	MATORY	23d. LOCATION COMOR TOWN	maco	YTAU	25 Th
	24 5	UNERAL DIRECTOR	17-10-1	117 -	2570	- 250. DATE!	REC'D. BY REGISTRAR	25b. REGISTRAI	R'S SIGNATU	RE
7B	VA	AYMOND L.	KACZOR	Poulsk.	FLEETS	· AP	R1 8 1970	finte	hal	2

DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR. After

7922 Wise Avenue, Dundalk,

FOR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78 REGISTRAR

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21222

REG NO 20. DATE OF DEATH MONTH 25. HOUR 1:30 24 79 IF UNDER I YEAR IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beth. Gray Haven Road MILLER VAMC Medical Records, Baltimore, Maryland 18 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO | STATE 22c. DATE SIGNED White Marsh, Balto., 250 DATE REC'D. BY REGISTRAR 25b. RECOTRAR'S SIGNATURE

18-00036

in 12 indicate.

to 155a

TATE OF THE PARTY OF THE PARTY

Eastern and the Salate Table State State on the State State

THE CONTRACT OF THE PARTY OF TH

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH Virginia 26 HOUR Knight (TYPE OR PRINT) IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR HOURS 9 Female White 14 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Baltimore City WIDOWED DIVORCED X IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY The Johns Hopkins Hospital Baltimore Dve Finisher Reid-Avery PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Maryland Dundalk 1711 Manor Road 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRS1 MIDDLE Walter Starrett Moucher Sophie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT RD Gallagher-New Freedom, PA No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE tic breast cancer with Conditions, if any, which gove rise to immediate cerebral metastases cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 198. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ Hyai 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH DIVISION OF MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from\_ \_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED. ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN COUNTY Burial Mount Hebron Cem. Winchester 24. FUNERAL DIRECTOR Duda-Ruck, Incappress DHMH - 16 50M 7/77 (VR A 15(4)) 7922 Wise Avenue, Dundalk, 21222 MD

18080-61

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-09038 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2n DATE OF DEATH (TYPE OR PRINT) KOK Bessel 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX Nov. 7, 1918 Male White BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Holland USA Baltimore City DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 6236 Bellona Avenue Biochemist DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 6236 Bellona Avanue Baltimore Maryland YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Cornelia MIDDLE 70 Jan Kok Evert 5 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 46 Mrs. Cornelia Kok Same 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 20 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL C should be detor with the State C MPORTANT 22e. ADDRESS 7600 OSLEA DRIVE T. VOOR STAN 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Fremation Baltimore. COUNTY

Jenkins

Balto

Henry

York Road

STATE OF MARYLAND

Greenmount & Sons Co. 2b HOUR

HOURS

12 NOUSTRY BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YEARS

STATE

STATE

Md.

Marietta

Grondys

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

IF UNDER 24 HRS

DHMH - 16 50M 7/77 (VR A 15 (4))

erei er finga ion ion in the storage TOT ever and the same TLITTAT . addeling in relucionis in the company and feet of the exemptation Margland - Selectionelle a del Allenson low years met. Grondyn Series Series and Act at the Series and Series at the Seri

CHEST STATE OF THE STATE OF THE

Grene Llon . 11/30/79 e dre malount . of the Parties . Whench the Light Torre Load Loates, ad. 21212 Lifeting New Local Control

2	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 7	9-09039
y be ge 3 death	I. DI	CEASED NAME E OR PRINT)	Boy	KOSK1		4-26-79 00:30 <sub>M</sub>
Pege 4 nay be director, page 3 nous after death	3. SI	Male	4 RACE White	5. DATE OF BIRTH  AMONTH. DAY  APPIL 19, 19		YRS. MONTHS DAYS HOURS MIN.
deoth.		Mary land	76 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED		one City MD.
S of Filed		Baltimone City	University of l	large and Hospita	12a USUAL OCCUPATIO	
within 24 hau letely filled in d 2 shauld be iminer must be	130.	anyland Batt	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  YTY  13L CITY OR TOW  BOLL WO	N 13d INSIDE CITY LIMIT	S? 130 STREET ADDRESS P. O. BOK 102	New Eartherket, Md 21630
du du du		Jay	Cantvil Cantvil		MIDDLF	Koskis
Poges	160.	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) None		ski, Main St.	Secretary, Md.
ido, 201 W. PRESION St., BALLI equires that the death certificate be signed by the attending physical flen please remove carbonpapers. The buriol, cremotion, or removal, njury, ar ather traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	expiratory for hear frear firear service abnowna	wie (huttigle Set lity	BETWEEN ONSET AND DEATH  DITION GIVEN IN PART 1(0)
The law re rician.  It has been sit permit.  Sit permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OR ATTENDING PHYSICIAN. OR ATTENDING PHYSICIAN. DIRECTOR, After this certifica suched for use as the burnal-translope, of Health and Mental Hy, frem 21 is marked or them 18	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  21d Injury Occurred 21d Injury	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211. LOCATION STREET 19	IG MEDICAL STAFF	N COUNTY STATE  19 19 1, that (I) (we) last te and hour and from the couses stated  22c. DATE SIGNED
TO HOSPITAL (retained by the control of the Fall line) the control of the control	22.	7 0 0 0	incir	University o	f Mary land	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	4/28/79 Our	125-	Counsel, Sec	
DHMH - 16 50M 7/77 (VR A 15 (4))		™eller Fune	eral Home, ADDRESS.	New Mkt, Md.	MAY 2 BY REGISTER 2	perfry Matredy

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEAT	TH	REC	. NO.	3-096	14 U
		CEASED NAME OR PRINT)	FIRST	MIDE	DLE	K.	AST		20 DATE OF DEAT	HTHOM P	28 19	26 HOUR
	3 SEX		eodore	ACF		15 DATE	S PIDTU	-	6. AGE (IN YEARS LAS	DIT	IF UNDER 1 YEAR	11. TO HM
		Mak		white	2	MONTH	- 16- 1	890	88	YR	MONTHS DAYS	
· a		RTHPLACE (STATE OR FOI	REIGN 7b (	ITIZEN OF WH	AT COUNTRY?	8	D NEVER MARK	DIED (	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
6//	1	Austria		USA		WIDOWE			Baltin	nore	City	MD
hotified 2	10 CI	altimore	3 1		SPITAL, NURSII ACILITY, GIVE STREET		OR OTHER INSTITUT	ION	120 USUAL OCCUP (TYPE OF WORK FOR MO	ATION OST OF WORKING		. / .
must be	USUA 130 S	al residence (if nursing tate)	COLINITY	imore 13	CITY OR TOV		13d. INSIDE CITY L YES NO		13e STREET ADDRE	ss	ke Dr.	7
viner	14 FA	THER'S NAME	MIDDL		LAST		15 MOTHER'S MA	IDEN NAM				C t
Sexol SC	/	Hattor (	Gregoi		Kosk	4	graph and and	44/M	arie		Galka	
lico /		VAS DECEASED EVER I	N U.S. ARMED		b SOCIAL SEC	URITY NO.	17 INFORMANT	Cato	nsville	DRESS M	d. 212	28.
шес		No		2	117 32	8332	A-Paul	M. G	riber-4	03 R	oanoke	Drive
the the		18 CAUSE OF DEATH	(Enter only or	ne couse per lin	e for (g), (b), a	nd IC						XIMATE INTERVAL NONSET AND DEATH
even		PART I. DEATH WA	IMMEDIATE CA	/ /	ardio-	respic	-atory c	reces	5/-		sec	ionde
offic		4295		DUE TO, OR A	A CONSEOU	/						
m o o o		Conditions, if ony,		(b) 17	Whone	ry E	dema , c	and c	gence 2/4	CK	X /	week
other t		gove rise to imm couse (0), stating underlying couse		DUE TO, ORA	S A CONSEQU	JENICE OF	ancular.	Direce	ABIDITA	as AN	arey seve	ARS
ry. o		PART 2 OTHER SIGN	IFICANT CON	DITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART 1	940.00
in in	NOL	cultonic	Itwas 1	Fibruati		roma g	1 Tranquer	es col	Con : Levery	licula	is colin	abumis!
ows any	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITIO	ON FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CEI	YES, WERE FIND RTIFYING CAUSE YES	
8 sh	CER	210. ACCIDENT WAS UND		216. TIME OF I		VE 45	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 OR PART 2)	
E 7	AL	OR CONTRIBUTING C.		P.M.	MONTH D	19	1000					
- vo	MEDICAL	214 INJURY OCCURR		21e. PLACE OF	INJURY FACTORY, OFFICE,		211 LOCATION STREET	E. 1	CITY O	TOWN	COUNTY	STATE
rked	×	AT WORK AT WOR	ILE C	(AI HOME, SIKEEI	, PACIONY, OFFICE,	. FARM, ETC.)	JIKEET		CITTO	CIOWIN	COUNT	SIMIL
E S	1	22a I certify that (I)	this hospital)	attended the d	deceased from.	4/2	, 19	79	10 4/28		19 79	, that (I) (we) lost
21 :		sow the decease above, (I) (we) (di		ew the body of	ler death.	79.0	nd that in (my) (our)	opinion de	eoth occurred on th	e date and	hour and from th	a couses stated
Item		226. SIGNATURE	155			175	DEGREE				22c. DAT	E SIGNED,
41.14		XX Bo	would			m		ICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN	04	128/79
STAN /		224 PHYSICIAN'S NA	(1112011111	√T)			22e. ADDRESS		11.	1	,	
MPORT		Douglas	F. K	owma.	n JR	1	U.S.P.H.	5 H	ospital	Balt	incore,	nd.
<u>s</u>	23a. B	BURIAL, CREMATION F	al 2	3b. DATE/1/			ross Ce		23d. LOCATION	ltim	ore, Mo	ary land

DHMH - 16 60M 1/75 (VR A 15 (4))

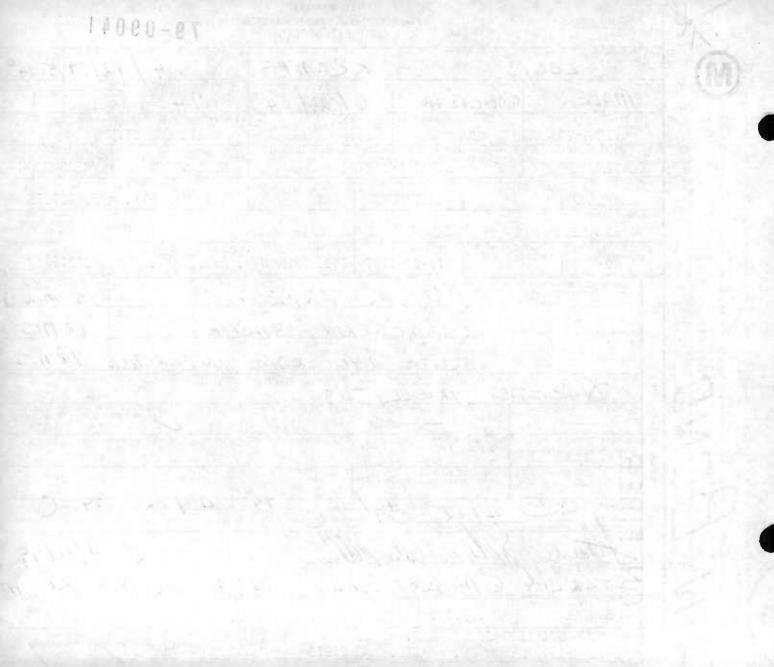
24 FUNERAL DIRECTOR 736 Edmondson Ave. ADDRESS Colonelle Md 21228

BY REGISTRAR

GATRAR'S SIGNATURE

04080-25 10 Kg 17 1454 WALL STREET 17 1994 195 175 their winted PREFINELY CTAY Bottomore USEPHS Higher Tailor Warting Maryland Bassimore Z. H. M. H. K. S. Stonis DB - budgarda Terrer Craccoru , 2 / J. Archiverie Craccourus Lies J. R. 21 2228. Land of the state The state of the s Barton files and the contract of the contract Et Language 1940 Durgles & Briefly Main allette for fire of the fire Surfal . SIE/79 Holy Cross Compteny - mittlessee, Ware land

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I DECEASED NAME (TYPE OR PRINT) LOUIS 3 SEX CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE BALTIMORE CITY VTRGTNTA USA 120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR PRESS ROOM BALTIMORE APT. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. 7022 PARK HTS. AVE. #21215 MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE KATE PURCE KRAMPF ISRAEL 17. INFORMANT MRS. ANITA KRAMPF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-01-1747 7022 PARK HTS. AVE., APT. F #21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for to , tb , and co PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF ARDIO GENIC Conditions, if ony, which gave rise to immediate cause (a), stating the MYOCARDIAL INFARCTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED M CERTIFYING CAUSES OF DEATH? NOL 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY 27st I certify that (1) this haspitall) attended the deceased from , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURTAI APR. 15. 1979 ARLINGTON (CHIZUK AMUND) BALTIMORE SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4)) BALTO. . MD 21215 6010 REISTERSTOWN RD.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09042

	Charle	25	17.	KRI	EPP , 3R	Az	oril	20 197	9 8:00
3 SE		4 RACE		5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTH	(PAY)	MONTHS DAY	
	/7	W	hile	12	- 23 - 95	83	YRS	MOTOR DATE	
	IRTHPLACE (STATE OR FOREIGN) OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIEC	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNT	Y OF DEATH	
	MARYAND	$\mathcal{U}$	5,14,	WIDOWE		Baltimore	e Cit	y	
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATIO			OF BUSINES
Ba	altimore		and Genera		spital		1441	1.1.	Ter FA
USU,	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE BEFORE	10/11/33/014)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1%	may and -		BAITimes		YES NO	1222	Hul	11 51	reeT
14. F.A	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			. ,	AST
	William		KREPP		Emma	MDDEE.	50	ch wi	990 R
	WAS DECEASED EVER IN U.S. ARI	MED FORCES?	166 SOCIAL SECUR		17. INFORMANT	ADDRES	\$ 7.	ch wi	& Ram
1	Yes IVV	1	215 05 00	528	MRS. MARIE K	Hobson ou	each	20 Ke	TULKI
18 CAUSE OF DEATH Enter only one cause per line for (a), 1b, and ic								APPRI	XIMATE INTERV
	PART I DEATH WAS CAUSE	D BY-	ight Middle Artery Occlusion 1 Month						
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	(b)_(	R AS A CONSEQUEN	NCE OF	r Arterioscle			У	ears
TION	gave rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFIC ANT C	DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQUEN  CEREBROVAS  R AS A CONSEQUEN  DITRIBUTING TO DE	NCE OF NCE OF	r Arterioscle	rosis Inal disease or cond		VEN IN PART	1(0)
TIFICATION	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQUEN Cerebrovas R AS A CONSEQUEN	NCE OF NCE OF	r Arterioscle	rosis	20b IF YE IN CERTI		INGS USED
CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFIC ANT C	DUE TO, O  (c)  19b. COND  19b. COND  19b. TIME O HOUR A.	R AS A CONSEQUEN  CEREBROVAS  R AS A CONSEQUEN  DITRIBUTING TO DE  ITION FOR WHICH CO  OF INJURY  M. MONTH DAY	NCE OF SCULATION	r Arterioscle	INAL DISEASE OR COND  200. AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	20b IF YE IN CERTI	VEN IN PART  S, WERE FINE IFYING CAUS	INGS USED
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	DUE TO, O  (c)  ONDITIONS CO  19b. COND  21b. TIME O HOUR A. P. 21e. PLACE	R AS A CONSEQUEN  CEREBROVAS  R AS A CONSEQUEN  DITTION FOR WHICH COMMENT  OF INJURY  M. MONTH DAY  M.	NCE OF  EATH BUT I  DPERATION  Y YEAR  19	T Arterioscle  NOT RELATED TO THE TERM  WAS PERFORMED	INAL DISEASE OR COND  200. AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	20b IF YE IN CERTI YI YIN ITEM 18,	VEN IN PART  S, WERE FINE IFYING CAUS	INGS USED S OF DEATH NO
	gave rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFIC ANT CO  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, O  (c)  19b. COND  19b. COND  19b. TIME O  HOUR A.  P.  21e. PLACE: (AT HOME, STR	R AS A CONSEQUEN  CEREBROVAS  R AS A CONSEQUEN  DITION FOR WHICH CO  OF INJURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY, OFFICE, FAI  RE deceosed from	NCE OF  SCULATION  EATH BUT II  PERATION  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  21 19 79  d that in **** (aur) opinion of	INAL DISEASE OR COND  200 AUTOPSY?  YES NOW ED (ENTER NATURE OF INJURY)  CITY OR TOWN	20b IF YE IN CERTI YI YIN ITEM 18,	VEN IN PART  SS, WERE FINIT  IFYING CAUS  ES  PART 1 OR PART 2  COUNTY  19 79  ur and from the	STA.
	gove rise to immediate couse (a), stating the underlying couse last the underlying couse last the underlying couse last the underlying couse last to the underlying couse of the underlying cause of DEA (### FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHITE	DUE TO, O  (c)  19b. COND  19b. C	R AS A CONSEQUEN  CEREBROVAS  R AS A CONSEQUEN  DITION FOR WHICH CO  OF INJURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY, OFFICE, FAI  RE deceosed from	NCE OF  SCULATION  EATH BUT II  PERATION  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  21 19 79  d that in 14 (aur) opinion of PHYSICIAN PHYSICIAN	INAL DISEASE OR COND  200 AUTOPSY?  YES NOW ED (ENTER NATURE OF INJURY)  CITY OR TOWN	20b IF YE IN CERTI YI YIN ITEM 18,	VEN IN PART  S, WERE FINE  S, WERE FINE  FINE  SOLUTION  COUNTY  19 79  221. DA	INGS USED SOF DEATH NO  STA
	gave rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFIC ANT CO  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, O  (c)  19b. COND  19b. C	R AS A CONSEQUEN  CEREBROVAS  R AS A CONSEQUEN  DITION FOR WHICH CO  OF INJURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY, OFFICE, FAI  RE deceosed from	NCE OF  SCULATION  EATH BUT II  PPERATION  Y YEAR  19  RM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  21 19 79 d that in *** (aur) opinion of PHYSICIAN [22e ADDRESS]	INAL DISEASE OR COND  200. AUTOPSY?  YES NOTE  CITY OR TOWN  10 APril  death accurred on the da  MEDICAL STAFF	20b. IF YE IN CERTI YI YIN ITEM 18.	VEN IN PART  S, WERE FINE IFYING CAUS ES  PART 1 OR PART 2  COUNTY  19 79  ur and from the state of the state	INGS USED SOF DEATH NO STA' , tho ** (we couses stot

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 1/75 (VR A 15 (4))

should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene priar to burial, crematian,

TO FUNERAL DIRECTOR: After this certificate has been

of director, page 3 2 hours after death

24 FUNERAL DIRECTOR Charlest Slevens Funeral Hone, Inc. 1501 E. FORT AVE,

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

indicated described described another and described Dignt Middle-Arkery Occlusion Core royagenlar Arberinacionnels 1.7 c/a Maroland Coneral Moroital

STATE OF MARYLAND

81010-8

TO LOCATE TO SERVICE TO THE SERVICE OF THE SERVICE

THE THE WAR WITH THE PROPERTY OF THE PARTY O

of the general message fift, southing a light

DHMH - 16 50M 7/77 (VR A 15 (4))

ī				STATE OF MAR					
١	1 -	FOR STATE	DEPARTA	NENT OF HEALTH AN CERTIFICATE O		NE 79	-090	45	
	1 050	REGISTRAR	AND DIE	CERTITICATE	54	REG. NO		Viva Tale violen	_
		CEASED NAME APA	Y FRANK	Ku	REK	DATE OF DEATH	MODITH DAY	79 3:00,	4 <sub>M</sub>
	3. SE X	M	4 RACE	5. DATE OF BIRTH	1-1885	AGE (IN YEARS LAST DIRT	HDAY) IF UNI	DER I YEAR IF UNDER 24 H	
	7a. BIF	RTHPLACE (STATE OF FOREST)	76 CITIZEN OF WHAT LOUNDY?	8	ER MARRIED . 9.	BALTIMORE CITY O	R COUNTY OF C	DEATH	
	10 00	PALTIMORE	MIERICH	WIDOWED	DIVORCED .	PAKIIMU	RE C	1/7	MD
	10.0	3ALTIMOFE	11. NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH FACILITY, GIVE STREET	Sessi S.		TYPE OF WORK FOR MOST OF		b. KIND OF BUSINESS IDUSTRY	OR
	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR ITATE MD 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BÉFORE NTY 13c CITY OR TOW		DE CUPY LIMITS?	BOULDI	N. 82	58	
,	I4 FA	TONN	MIDDLE KUREK	15. MOTH	TOHUCE	S MIDDLE		2 LAST	
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	-648 M		ABETH KUI	/ -	25 S. Boulz	11
ı		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly one couse per line for (o), fo, one ED BY.	UTE	CVA	c	242	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH.
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF COM	A-7056	E STA	TE		
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF AS	CVD.	- SEN.	ILE		
	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELA	TED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSÝ?		RE FINDINGS USED CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	V INJURY OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	DR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.] 21f LOC.	ATION REET	CITY OR TOW	N CC	DUNTY STATE	
		sow the deceased alive an	ital) attended the deceased from 19	ond that in	my (our) apinion dec	oth occurred on the do	te and hour and	from the couses stated	lost
		Il hude	colotel	DEGREE		MEDICAL STAF	F	4/1/7	9
		WALKER /	1. IMPPAGO	IMECLI	18 HAL	erack Ca	halt.	ALD2123	6
	L	PARIAL  DURIAL	236. DATE 236. 4-4-49 H	AME OF CEMETERY	RY CEM	BANTIN	10 BF COUN	MP STATE	
	RA	YMOND L. KAG	ZOROWShi 25	25 FLEE	APR	3 1979	25b. Gas top	Askering	
- 1	_								-

0+000-81 4 1 70 3:00 FRY FRANKE KUREKI SALTHOLE THE SCICHE CLEECELY 1 1 6 3 4 TESA .... TO SEE WAS THE STATE OF THE SEE TOO - EP-4 498 MINES PERCHASED THE STEE STEELS LEVEL IN E PLUTE CHAIN COMMITTEE STATE 3711395 - JADSF --WHILE EXCHAINS A THE STATE OF THE POWER CONTRACTORS OF THE STATE OF TH Contract to the second of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME MIDDLE 20. DATE KNOWN KT MONTH (TYPE OR PRINT) OF ESTI-CLARK KUSAJ DEATH MATED . DATE OF BIRTH 4. RACE 6. AGE (IN YEARS IF UNDER I YR. 3. SEX IF UNDER 24 HRS 2c DATE PRONOUNCED 1079 male white Oct. 9, 1963 15 DEAD 7a. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City France DIVORCED USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ENOT IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2120 Maryland Fort Meade 2959 C Pierce Court 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Younkia Doris Bruce Kusa. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. ADDRESS T. PAGES 1 (YES, MO OR UNKNOWN) Bruce Kusaj 2959 C Pierce Ct. Fort Meade 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURLAL YES NO TE 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR 0 Passenger in pick-up truck/fixed object impac CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME. street, factory, farm, etc.) STATE C AT WORK Anne Arundel AT WORK Md. DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Inquiry and in my opinion ARYLAND. TITLE (SPECIFY) TO M., EXECUTE, PAGE 4 SHO., TO FUNERAL DIV AFTER DEATH, V. ACTUAL 4-24-79 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY COUNTY Burial Mon Valley Mem. Pk. BP Donora. ennsylvania **DHMH-17** (VR A15 ME (5)) eonard J. Ruck, Inc. Baltimore, Maryland

15M 7/76

STATE OF MARYLAND

10 -51			
Fig. do it		1 5. 15.3 C	
			actuto
			10 01 2
		no very larger out	40.00
			0.12
unel viol comit	Sample Month		
nit service is all when	te si ni sa ni ma	Y	
6. Calimina emia		of the	
and the	Mada as A		
			Like

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

11066-61

FILNEROL

HOME

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

LANNINO

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-09048

2h HOUR

HOURS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

HOURS

YEARS

NO F

STATE

STATE

IF UNDER 24 HRS

79

IF UNDER I YEAR

INDUSTRY

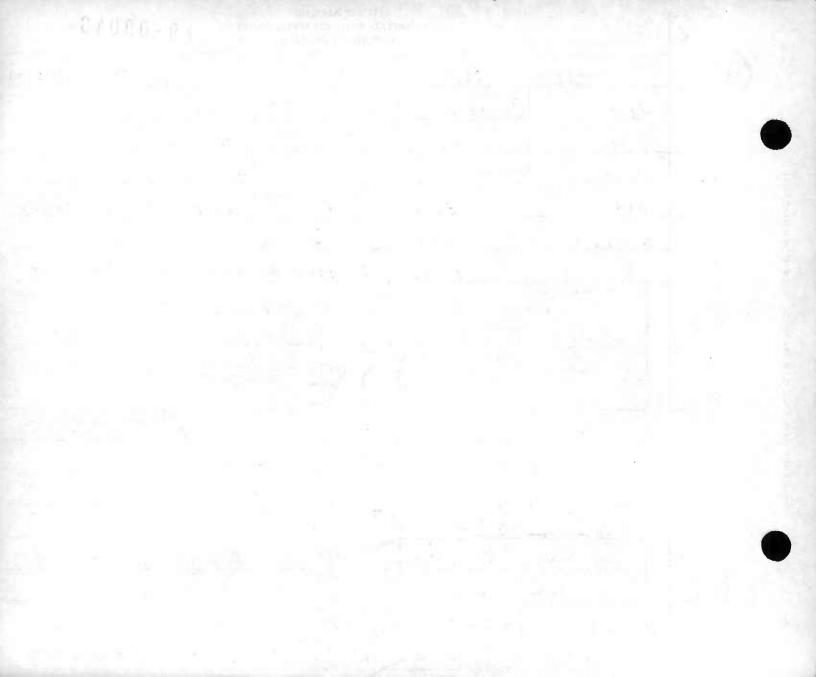
Lau

YES

APK 45

COUNTY

22c. DATE SIGNED



CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Herbert Charles LAKE 970 8:45A M 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MRS MONTH DAY YEAR HOURS White XXXX1911 Male Sept. In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED USA Marvland WIDOWED DIVORCED K Baltimore Citu 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore Maryland General Hospital Engineer Engineering USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13h COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21318 Maryland Baltimore 11 W. 20th St. YES X 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST P Charles Oliver Lake Olga Hasenbalg Anna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT. 166 SOCIAL SECURITY NO medico daughter (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Susan Ann Lake, 3000 Gilford Av. Balto. Md. WWII 235-28-2595 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for a), b), and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Dysarrhythmia DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarct Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF last underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 ž 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (\* (this haspital) ottended the deceased from to Apri sow the deceased alive on April 3 obove, (K(we) (did) (Mahai) view the body after death and that in (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL ild be deto the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Jing Liu, M.D. c/o Maryland General Hospital 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Crematuion CITY OF TOWN COUNTY STATE Apr. 4,79 Security Process Catonsville, Balto, Co. 24. FUNERAL-DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, RECOTRAR'S SIGNATU. DHMH - 16 60M 1/75

STEWART & MOWEN CO.108 W. North Av., City 21201

- STATE

(VRA 15(4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.000	C .				
			suit ta	edyoll to	
		FOLKSEL .	.age	out.to	
				Aact	oms typnaf
anizennian	Sheinear			distriction.	
AVELE .10	11 % 2026		eremiti		Maryland
	nuna	8810	440		in the selfond
.bx, .offoRt.vat ba	m, 3000 dlife		26-2595	-315 E	TWN - ax
			day		
			0.4		
				1 113	
				1 100	
					AND DAY
No. of all bets	el deveros de	Frocues	Sacurator	15. 4.78	Currentuson
					S PENOT & ENAPORE

2n DATE OF DEATH MONTH 2b. HOUR 9:25A M 27 IF UNDER I YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) HOURS MONTHS OAYS YRS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Esporeriziak Photographer Commercial 13e STREET ADDRESS 2500 MOORE AVENUE 21234 Blanche Rodney Crowther Hungerford Miss Susan L Latimer 5945 Western Park Dr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH min 20h. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNT STATE APRTT. 79 , that W (we) last and that in (our) Dpinion death occurred on the date and hour and fram the causes stated 22c DATE SIGNED STAFF 4/27/79 DIRECTOR PHYSICIAN X 3900 LOCH RAVEN BLVD. BALTO, MD. 21218 23d. LOCATION Baltimore, Maryland STATE Moreland Park 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard J Ruck Inc. Baltimore. Maryland

REG.

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

BP.

DHMH-16 20M (VRA 15, 4) 7/7B 24 FUNERAL DIRECTOR

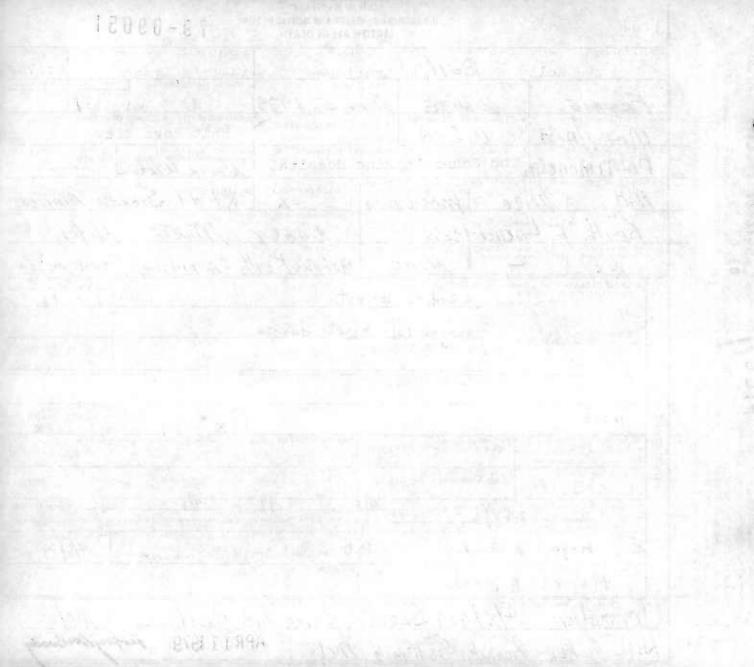
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

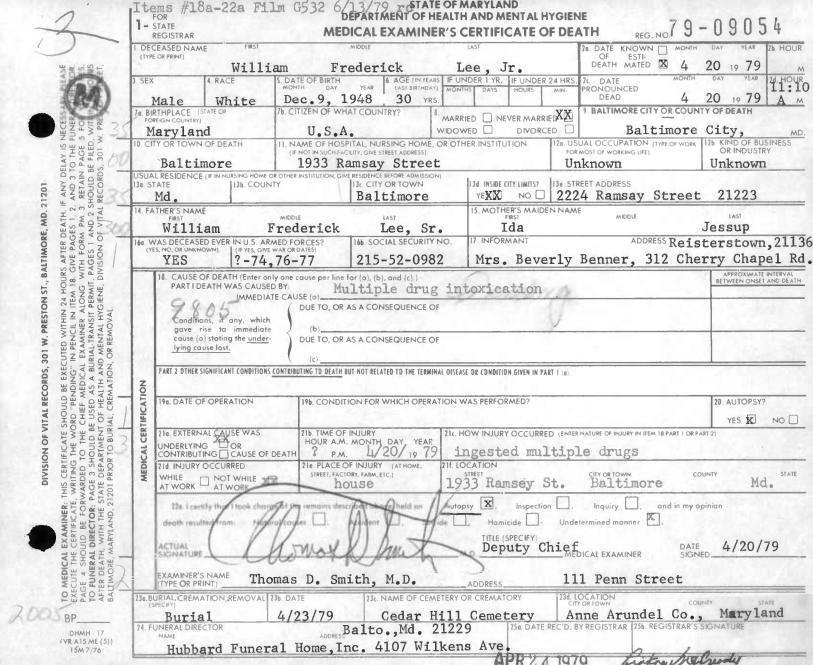
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2n. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 8:170 Kellv 4 Lauridser April 6 1970 4 RACE 6. AGE (IN YEARS LAST SIRTHDAY) IF UNDER 24 HRS 3. SEX IF UNGER LYFAR PAYS M. BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF JOORK FOR MOST OF WORKING LIFE) INDUSTRY Johns Hopkins Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CATY OR TOWN 13d INSIDE CITY LIMITS? 24 ERRA MANOR YES T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16a WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY c and IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF heart disease (b) asnachiti Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior NONE 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO M NO YES 18 shov Нуви 71g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 0 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 41 22a.1 certify that (1) (this hospital), oftended the deceased fram, sow the deceased alive on 8:16 3 19 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED 0 MD 440 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: be St 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ild b Marjorie ROCOK 28C NAME OF CEMETERY OR CREMATOR BURIAL, CREMATION, REMOVAL 236. DATE STATE COUNTY BP 256. REGISTRAP'S SIGNATUR DHMH - 16 50M 7/77 (VR A 15 (4))

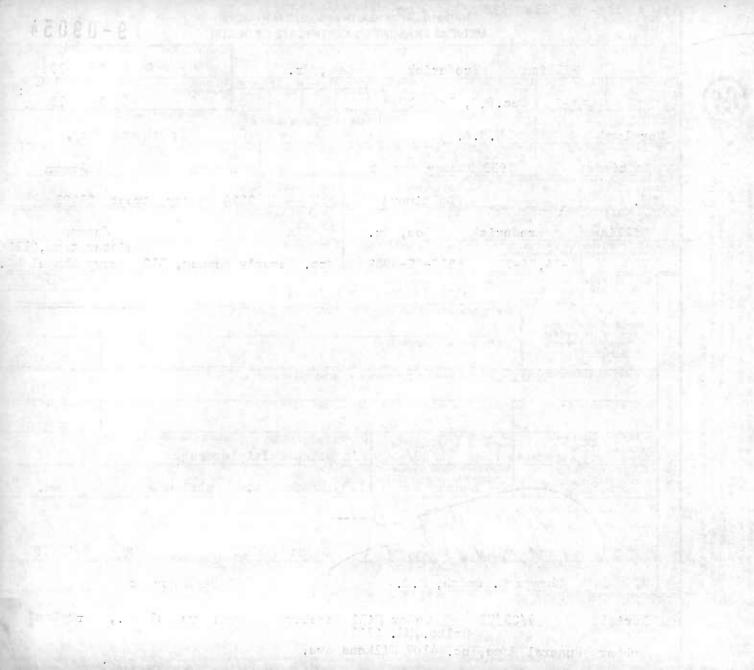


9-09052			
AND IT IN MA		· · · · · · · · · · · · · · ·	
		0 0 0	
	and a second		
	territ property	dra-3	
	and troung polaries		
Maria de la compansa	2 september 1 & M.		
	د به در المراجع		

19-02053

11 2 11





- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

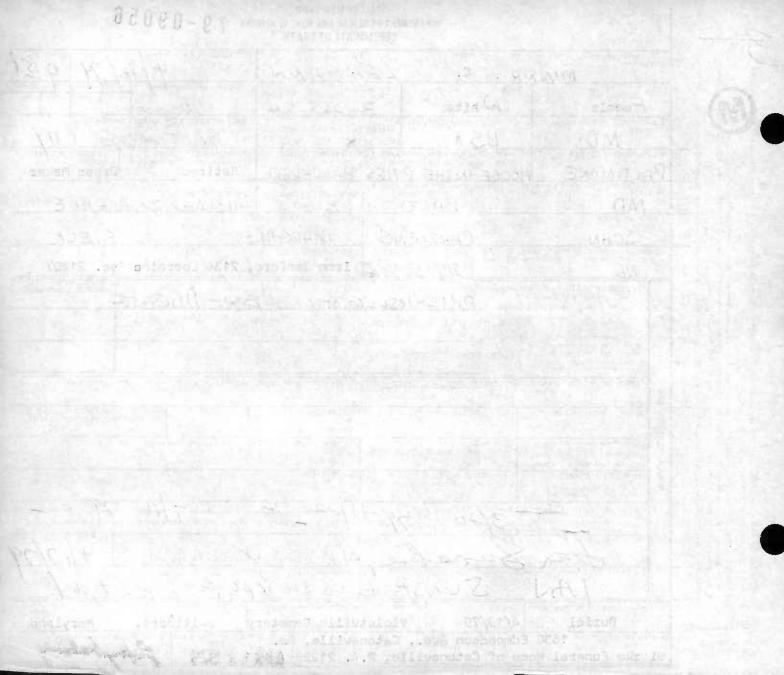
79-09055

REG. NO

MERMYŻŻEŻ

the second secon

	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 79-0 REG. NO	
		CEASED NAME FIRST OR PRINT)	WIDDLE	CE III I DO AND	26. DATE OF DEATH	MONTH SIAT / YEAR 7% HOUR
	3 SEX	MIN	NA . L.	LEMMANN 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	BAY DINGEN I BEAR H LEGISTE 24 HIES
84		Female	White	MONTH DAY YEAR	95	YRS. MONTHS DAYS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	RCOUNTY OF DEATH
20	10 CI	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	SING HOME OR OTHER INSTITUTION SET ADDRESS) PINES BELVEDERE	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETIRED	
35	USU/ 13a. S	L RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	130. STREET ADDRESS 4113 NEW	ITON AVENUE
300	14. FA	THER'S NAME JOHN	MIDDLE CARSTE	IS MOTHER'S MAIDEN N FIRST MARGA	RET	SIECK
1		(AS DECEASED EVER IN U.S. AL ES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 16b SOCIAL SEC VE WAR OR DATES) 2/7-3	0 - 1	addre rd, 2134 Lori	ss caine Ave. 21207
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	DUENCE OF O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON(	DITION GIVEN IN PART 1(0)
	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
4	TIE				YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
9	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH		YES NO	YES NO
9	MEDICAL CERTIFI	21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION		YES NO YEN ITEM 18, PART 1 OR PART 2)
9		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this base sow the deceased alive a above, (1) (the decided of the deceased of the deceas	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. LOCATION STREET  , and that in (my) (and opinio	CITY OR TOW	YES NO
9		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (this base sow the deceased alive o above, (1) (was taken (did n 22b. SIGNATURE	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  publications of the decimal of the public of the pub	DAY YEAR 19 211. LOCATION STREET  , and that in (my) (and opinio)  DEGREE  ATTENDING PHYSICIAN	CITY OR TOW	YES NO
		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this base sow the deceased alive a above, (1) (the decided of the deceased of the deceas	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  publications of the decimal of the public of the pub	DAY YEAR 19 211. LOCATION STREET  and that in (my) (and opinio)  DEGREE  ATTENDING	CITY OR TOWN  10  10  10  MEDICAL STAF	YES NO



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Ambrose Juneral Home

(VRA 15, 4) 7/78



FOR

natified at ance.

injury, ar ather traumatic event, th

should be detached for use as the burial-transit permit. Then please remaye c with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, m 21 is marked ar Item 18 shaws

TO FUNERAL DIRECTOR: retained by the haspital

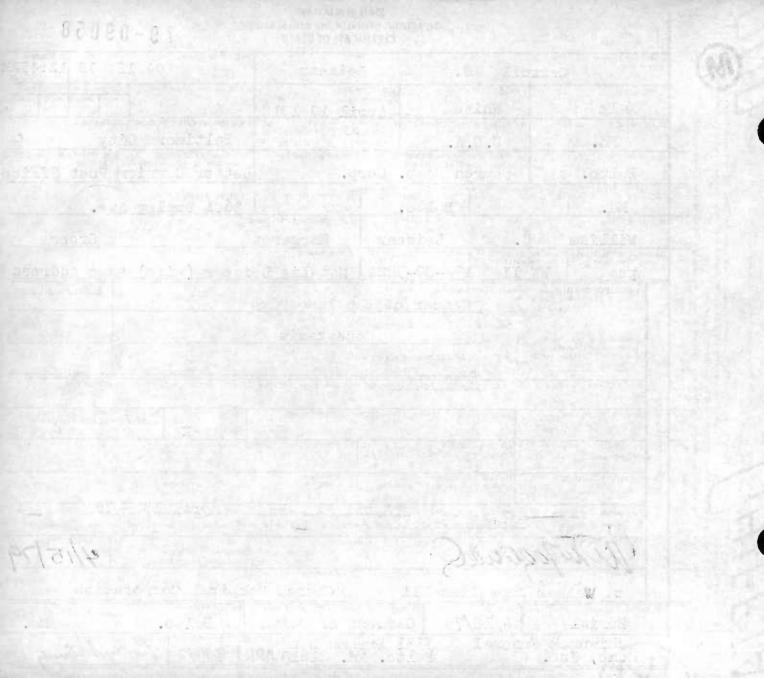
IMPORTANT: If He

STATE OF MARYLAND		STA	TE C	DF A	AAR	YLAP	1D
-------------------	--	-----	------	------	-----	------	----

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	109-0	905	B
1. DE	ECEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	04 15	YEAR 79	12:45AM
	Car	roll	J.	1	Leizear		04 15	19	IZ:43AI
3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		UNDER I YEAR	
	Male		ite	Apr		60	YRS.		
7o. 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COL	INTRY? 8	NEVER MARRIED	9. BALTIMORE CITY			2322
	Md.	U.	S.A.	WIDOWE		Baltim	ore Ci	ty	MD.
10 0	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCCUPA TYPE OF WORK FOR MOST			OF BUSINESS OR
	Balto.			ve street address) OSP. Cor	rp.	Letter C	arrier	Post	t Office
13a.	JAL RESIDENCE (IF NURSING HOME STATE 13b CC	OR OTHER INSTITUT	13c. CITY C	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
-	Md.		Ba.	Lto.	YES XX NO	3604 Du	dley A	ve.	
14. F	ATHER'S NAME	MIDDLE		AST	15. MOTHER'S MAIDEN NAM	WE		LA	AST
	William	C.		eizear	Margaret		25.00	Gre	eer
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES  GIVE WAR OR DATES	)	AL SECURITY NO.	17. INFORMANT	ADD			
L	yes W	WII	198-0	09-9224	Natalie Le	eizear (w	ife) s		address
Г	18 CAUSE OF DEATH (Enter	only one couse	per line for (o)	, (b), and (c).				BETWEEN	MATE INTERVAL
		IATE CAUSE (0)	Canc	er of the	he lung with	h	5 3 6 6		
	1629	DUE TO	OR AS A COL	NSEQUENCE OF					
	Conditions, It ony, which	( 1b	)		etastasis				Seiner IV
13	gove rise to immediate couse (a), stating the	DUETO	OPASACOI	NSEQUENCE OF			Title		
	underlying couse lost	100010	, OK AS A COI	NSEODEINCE OF				13.76	
	PART 2 OTHER SIGNIFICAN	IN PART 1	(01						
NO.									
CERTIFICATION	190 DATE OF OPERATION	19b. CO	NDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FIND	INGS USED
Ĕ		1946				YES NOW	YES [		S OF DEATH?
1 8	21a. ACCIDENT WAS UNDERLYING		E OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	IURY IN ITEM 18, PART	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	TH DAY YEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLA	CE OF INJURY		21f. LOCATION		E III		
X	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY	, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that / (this ho	spital) attended	the deceased	from_Apr	11 11 10 79	, April	15 10	79	that (I) (we) last
	to whe deceased alive	Apri	11 15	1079	nd that in (my) (aur) opinion (	death accurred on the	date and hour a	nd from the	couses stated
	obow (I) (we) (did) (did	not) view the bo	ody ofter death		DEGREE		-	122¢ DATE	E/SIGNED
	HI Mush	Mil.	MOW!		ATTENDING	MEDICAL ST.	AFF	11	15/70
1	22d PHYSICIAN'S NAME (TYP	F O PRINTI	ucs		PHYSICIAN [	DIRECTOR PHYS	ICIAN []	1//	1311
	44	1	gliate	11:		ospital C	ornora	tion	
00					1		OTPOLO	. 01011	
730.	BURIAL, CREMATION, REMOV (SPECIFY) Burial		8/79	Garder	emetery or crematory as of Faith	23d LOCATION CITY OF TOWN Balt	• • • • • • • • • • • • • • • • • • • •	YTAUC	Md.
24 "	DUI Tat				is of ratell	Dall U	DISS DECENTS:	DIC CICAL	IVIQ •
Z4 F	UNISCHIMINER	Funera	ADD	3331 Bre	ehms Lang DATI	DI C 1070	K ZSD. KEJSSSIRA	KS SIGNA	P
	Home, Inc.			parto. I	1d. 21213 AP	KT 0 1314	1	7114	Mody

DHMH - 16 50M 7/77 (VR A 15 (4))



FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09059

REGIS	TRAK			CEILL II	CALL OF PEATER		REG. NO.		î.		
1. DECEASED (TYPE OR PRINT)		M	IDDLE	t	AST	2a DATE OF D		DAY YEAR	2b. HOUR		
3	Rose	Ty	dings	Leona	rd	April	17, 19	79	7:30		
3. SEX		4. RACE		5 DATE C		6. AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER 1 YEAR			
Fe	male	White		July			83 YR	MONTHS DAYS	HOURS MI		
7a BIRTHPLA	CE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTR'	Y? 8		9. BALTIMORE	CITY OR COUN	A			
COUNTRY)		TT C A			NEVER MARRIED		C+ +				
Maryla	OWN OF DEATH	U.S.A		WIDOWE	DIVORCED [		Baltimore City  120 USUAL OCCUPATION 126 KIND OF BUSINE				
		(IF NOT IN SUCH	FACILITY, GIVE STRE	EET ADDRESS)		(TYPE OF WORK FO	R MOST OF WORKING				
Baltim			West Ro		venue	House	ATIE	_			
13a STATE	DENCE (IF NURSING HOME OF		13c. CITY OR TO	WN	136. INSIDE CITY LIMITS?	13e STREET AD	DRESS D	A			
Maryla			Baltimo	ore	YES K NO		vest rog	ers Aver	iue		
14 FATHER'S		MIDDLE	LAST		15 MOTHER'S MAIDEN		UPDIF.	LA			
George	M. Tydings	S S S S S S S S S S S S S S S S S S S	LAGI		Jennie E.	Carrick	WIDDLE		31		
16a. WAS DEC	CEASED EVER IN U.S. AR		166 SOCIAL SE		17. INFORMANT		ADDRESS		A		
NYES, NO OF	R UNKNOWN) (IF YES, GIV	E WAR OR DATES)	219-30-	-0527	The Wesle	y Home,	Ine 2211	West Ro	gers A		
10 CA	LISE OF DEATH (F		ing for to the					APPROX	IMATE INTERVAL ONSET AND DEA		
PAF	USE OF DEATH (Enter or RT I. DEATH WAS CAUSE	D BY	ine for (o), (b),	ond (C)	Cardiovascu	der Di	C9 - C0				
	IMMEDIA	TE CAUSE (o)	in bar de	10/10c	CALL GUIGING PCY	Mar DI	200	40	7		
126	4029 DUE TO, OR AS A CONSEQUENCE OF										
	Condition (for 11)										
	itions, if ony, which	(b)									
	rise to immediate										
	(a), stating the	DUE TO, OR	AS A CONSEO	UENCE OF							
under	lying couse lost	( 10)									
PART 2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1										
CERTIFICATION 19a DA 21a. AC	TE OF OPERATION	195 CONDIT	ION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20g. AUTOPS	YES, WERE FINDI	NGS USED			
FIC						IN CERTIFYING CAUSES OF DEA			OF DEATH?		
21 46	CIDENT WAS UNDERLYING	7 21b. TIME OF	(NI II IDV		Tal- HOW IN HURY OCC	YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
00.00	NTRIBUTING CAUSE OF DE			DAY YEAR	ZIC NOW INJURY OCCI	JERED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
(IF EITH	ER, NOTIFY MEDICAL EXAMINER		٨.	19							
21d. IN.	JURY OCCURRED	21e. PLACE C			211 LOCATION		TY OR TOWN	CO.11174	COUNTY		
WHILE AT WORK	NOT WHILE	(AT HOME, STRE	ET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	C	IT OR TOWN	COONTY	COUNTY STATE		
		ital) attended the	deceased from	1	. 19	, to		. 19	that (I) (we)		
sov	22a. I certify that (1) (this hospital) attended the deceased from								1		
	ove, (I) (we) (did) (did no	ot view the body o	fter death.						-		
220. 510	SWATURE	1 / 1			DEGREE ATTENDING	MEDICAL	STAFF	27c DAT	-176		
	anu	C CO	In	- m	PHYSICIAN	DIRECTOR	PHYSICIAN [	4/)	11/1		
22d. PH	224. PHYSICIAN'S NAME (TYPE OR PRINT)				22e. ADDRESS			/	1		
Dr	r. Daniel Wi	inn			Md. Genera	l Hospita	1, Balto	o Md.			
23a. BURIAL.	CREMATION, REMOVAL	23b. DATE	23	. NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATE					
(SPECIFY)	urial	4-19-79	) 1	M+ 074	vet Cemeter	CITY OR TO		COUNTY	STATE		
24. FUNERAL	سلي سار مليا	14-17-17	7 1	MU. ULL							
	DIRECTOR				25a D	ATE REC'D BY DEC	ISTRAR 25h DE	ISTRAP'S SICALA	TIIDE		
NAME		3 **	ADDRESS			DD 1 & 10	WON'	ISTRAR'S SIGNA	TURE		
NAME	director urgee Funera	al Home,	Baltime	ore, Ma		PR 1 8 19	WON'	ISTRAR'S SIGNA	rure		

BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

etoined by the hospitol or

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate should be detached for use as the buriol-transit with the State Dept. of Health and Mental Hygi

(M)

8 : 4 : 0 - 9 - mora - Amena la la constitución a

	, , , , , , , , , , , , , , , , , , ,			
ASCIT	April 17.	122.74	egilegr	580%
		301 (81 326)		
	Will shanife.			
	- eltelle	equative arrange	a tron Acce	ere ilita
04/11	rk aregul liek 123	X 3%	made E	- Dan Franci
	dubriel .	A elimen		Door e . Sding
ove over a	والمراجع المادي المادي	Leeff adi . 7527-	21,4-3	0%
		and its and the	t rust med	

in. bandal ton

Adding Latery Filterers, Marchael College Constant Lines

Licondina . Alor, Licondina de la companya de la co

18000-8 THE WEST STATE OF THE STATE OF Walling U.S. Duwingkin Street 25/0 232 U.S. ESKMITJAKI ENTERNATION OF THE PARTY OF THE ENERGY LESSES LANGUE LANGUE LESSES LA LESSES LA LANGUE L and with all house a sparit stage of the grant pieces TOT 보기 기계 강화를 하고 전 마셔스 제외, 함께 보고 계속되었다. THE RESERVE THE PARTY OF THE PA

2	1-	ems 2a,2c g531 5/9 STATE REGISTRAR		STATE OF MARYLAND OF HEALTH AND MENTAL MINER'S CERTIFICATE	HYGIENE 7.0	No. 09062
X	(TYP	CEASED NAME FIRST ELSIE	R	LEWIS	20. DATE KNOWN OF ESTI- BEATH MATED	***
(10)	FE 70. 81	MALE BLACK AT RITHPLACE (STATE OR 17b. C	THE OF BIRTH YEAR 6. AGE LAST PRIL 4, 1908 1	BIRTHDAY) MONTHS DAYS HOURS YRS.	ER 24 HRS 20. DATE PRONOUNCED DEAD  9. BALTIMORE CITY	4 10 19 MAY YEAR 2d. HOUR
25 25 25 25 25 25 25 25 25 25 25 25 25 2	BI	PEGN COUNTRY)  LTO., MO.  TY OR TOWN OF DEATH  11. N	U. S. A.  NAME OF HOSPITAL, NURSING F NOT IN SUCH FACILITY, GIVE STREET AD		RCED BATTION (  FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
F ANY DELA S. AND 3 TO 3. RETAIN PA SMOULD HEF I PRECORDS, 3	USUA 13a S	ALTIMORE  LE RESIDENCE (IF IN NURSING HOME OR OTHER  TATE  APV AND  13b COUNTY	R INSTITUTION, GIVE RESIDENCE BEFORE		B UNEMPLOS  1 13. STREET ADDRESS  1 52 0 9 1 NU	TON HETS AV
	14. FA	THER'S NAME MIDD	CAE	TER IS. MOTHER'S MA	FLLE	DIXON
BALTIMO JRS AFTER 3. GIVE PA WITH FOL PAGES 1	16a. V (Y	VAS DECLASED EVEN IN U.S. ARMED FIES, NO CHIEF HOLD HE HAD THE STATE OF DEATH (Enter only one	33- 3 212-21	CURITY NO. 17. INFORMANT OORIS	VAUGHN 5	208 WILTON HGF  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
ON ST.		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAL  Conditions, if ony, which	1101110	Myo Cardi	al organ	UM BEIWEEN ONSEI AND DEATH
S, 301 W. PREST ECUTED WITHIN 2" IN PENCIL IN 4" LE ARMINER BURAL-TRANSR AND MENTAL HY ON, OR REMOVA		gove rise to immediate couse (a) stating the <u>under-lying couse last.</u>	DUE TO, OR AS A CONSEQUE	NCE OF ATTURE	Preary	severely
ITAL RECORDS, 3C SHOULD BE EXECU RED "PENDING" IN CHIEF MEDICAL IE E USED AS A BUR OF HEAITH AND IAL, CREMATION, C	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIL	Mille	TERMINAL DISEASE OR CONDITION GIVEN IN  OPERATION WAS PERFORMED?	I PART 1 (a):	20. AUTOPSY?
DF VITAL R. S. WORD "PI THE CHIEF THE CHIEF THE CHIEF THE THE BURIAL, CR.	CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
BIVISION OF VITAL SIGNATURE SHO RITING THE WORD SE 3 SHOULD BE US TE DEPARTMENT OF THE RIOR TO BRICK TO PRIOR TO BURLE,	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19	CITY OR TOWN	COUNTY STATE
R: THI TE, W DRWA PAC : PAC 2120		220. I certify that I took charge of the		d an Autopsy , Inspec	tion , Inquiry ,	ond in my opinion
		ACTUAL SIGNATURE SIGNATURE	7. Naran	I MO M.D. TITLE (SPECIFY)	MEDICAL EXAMINER	DATE 4-11-79
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT	23a.8	EXAMINER'S NAME JOSE F (TYPE OR PRINT) JOSE F URIAL, CREMATION, REMOVAL 236, DA	INA TO A	ARA VALLASS  DE CEMETERY OR CREMATORY	101) E Ball	COUNTY STATE
BP DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	16-79 BACT	IMERE NATO POR HER AP	TE REC 6. BY REGISTRAR 256. RE	GISTRAN'S SIGNATURE
15M 7/76	L	TOT UI WELL	TOUCHISC	47/10/2	. 1 1010	

The state of the s 9-09062 LANGE LOOK TO THE STATE OF THE SAME THAT THE A Company of the Telling of the Company of the Comp

		X	1	FOR STATE REGISTRAR		DEPARTM	NENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE	7.9 REG. NO	-090	63	
	be be			CEASED NAME FIRST THEOL	The second secon	MIDDIE	LEV	VIS	20. DATE	OF DEATH M	ONTH DAY	YEAR	26 HOUR 12:10P
	noy be		3. SE		4. RACE		5. DATE OF		6 AGE (1	N YEARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	death. Page Armoy		15	Male	Negr	ma	MONTH 12	24 OS	1	76	YRS.	THS OAYS	HOURS MIN
4	Pog	ė 1	Fo. B	IRTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	0.041714	AORE CITY OR		FDEATH	
	enth.	ou o	7 7	enna.	II.S.	Δ .	WIDOWED			BALTIM	ORE C	ITY	MD.
	ē e š	Led 2	10 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OF	OTHER INSTITUTION		AL OCCUPATIO		12b. KIND O	F BUSINESS OR
10	rs ofter by the	(a)	I	Baltimore	THE J	IOHNS HO	PK INS	HOSPITA	AL.				
D 212	filled in	0 4	USL 13a.	AL RESIDENCE (IF NURSING HON STATE 13b. CO	LE OR OTHER INSTITUTION, DUNTY	44 44 4	ADMISSION)	13d. INSIDE CITY LIMIT		T ADDRESS			
AN	= > 2	E/2	114.5	Md . ATHER'S NAME		Md.		YES NO []		2 Edm	andsa:	n Ave	1
ARY	3 0 7	- 50	A S	FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAS	л
×	5 0-		4	Stewart WAS DECEASED EVER IN U.S	ABASED EODGEGS	Aiken	DITY NO	Susai	n	ADDRES	S		
MORE	e execu	medical		YES, NO OR UNKNOWN) (IF YES,	, GIVE WAR OR DATES)	168 SOCIAL SECO	KIIT NO.			7,00,120			
N.	0 0 5	0	-	No.				Myrtle A	A. Lew	S S	ame a	s abo	MATE INTERVAL ONSET AND DEATH
201 W. PRESTON ST.,	res that the deoth certificate and by the ottending physici alesse remove carbonoopei	rial, cremotion ar other traum		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO D	NCE OF	Small Ce			of ing	4/2/3	<b>A</b>
AL RECORDS,	The law require ion. s has been sign	prior to	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	ITION FOR WHICH		I WAS PERFORMED	20a Al	TOPSY?	20b. IF YES, V IN CERTIFYIN YES [	VERE FINDING CAUSES	
JE VIT	ICIAN: T ig physici certificate	ental Hygiene frem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OC	CCURRED (ENTER	NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
DIVISION OF VITAL	PHY endir	X 5	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE		19 ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	٧	COUNTY	STATE
	R ATTENDING hospitol or att	t. of Healt m 21 is ma		22a. I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di	e an 4/26	19_		that in (my) (our) op	inion death occu	rred on the dat	, , ,	nd from the	
•	the he	tote Dept		22b. SIGNATURE Christin	e Luo	lnan	m	PHYSICIA	NG MEDIC	AL STAFI OR PHYSICI	AN	22c. DATE	26/19
	TO HOSPITAL retained by the TO FUNERAL	With the Stot		22d. PHYSICIAN'S NAME (T	ine S	eidna		Tokes	Dupki		ospi4	-1	
1.1	/	n > ≤	230.	BURIAL, CREMATION, REMO		Λ.		METERY OR CREMAT	CI	CATION		UNTY	STATE
40	( BP		74	Burial UNERAL DIRECTOR	4-31	0-79 A.	routt		ark   DATE REC'D. B	Arbut		R'S SENA	Md.
	DHMH - 16 50A (VR A 15 (4		_	Charles A.	Rice 13	300 Euta	w Pl		MAY 3	1979	profe	y mee	way

19-88063

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09064

	1 -	STATE REGISTRAR			DET ANIM	CERTIF	ICATE OF DEATH	REG. N	79-	0906	4
		CEASED NAME ORPRINT)	FIRST	,	MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR) : 20
			PIRO		TNIA T	TLLY		APRIL	05	1979	XXXX Min
	3. SE)	F		4 RACE Whit	e	S DATE C MONTH JUI		6 AGE (IN YEARS LAST BI	RTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS
5	7a BII	RTHPLACE (STATE OR DUNTRY) Maryla	roreign nd	TE CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	BALT II	_	C TY	MD.
Q	10 CI	BALT I MC		11. NAME OF I	HOSPITAL, NURSIN	G HOME C	TAL	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST SECTETAT	OF WORKING		ital
5	USU / 13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  Md  136 COUNTY  137 STREET ADDRESS  YES NO 1445 Clairid						ridge	Road		
o	14. F.A	THER'S NAME	ilman'	Redmond	LAST		Rebecca	ME McIlvaney (AST			
		VAS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	579 05		IT INFORMANT Legoyd N. Li	ADDR .lly, Jr sa			(MAYE INYERVAL ONSET AND DEATH
	z	Conditions, if on gove rise to in cause (a), statunderlying couse	nmediate ing the se last.	(c)	R AS A CÓNSEQUE  MUSICANCE  R AS A CONSEQUE  DITRIBUTING TO E	NCE OF	SIVEN IN PART 16	03			
2	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN	
1	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR		TH HOUR A. P. 21e PLACE	OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY  216 HOW INJURY OCCURRI						
	W	WHILE NOT WHILE AT WORK AT WORK CONTROL (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)						OWN	COUNTY	STATE	
		OBOVE, [1] (we) (did) (d-d not) wew the body-piter death.  77b SIGNATURE  DEGREE					od that in (my) (aur) apinion of	MEDICAL STA	AFF.		
	23e. 8	THE PHYSICIAN SIN		123h DATE	0 1070	IAME OF C	PHYSICIAN [ 27e ADDRESS EMETERY OR CREMATORY	DIRECTOR   PHYSI	- IMPGES	county	STATE
	A	Bulla,		April	8,1979	Say	age, Cemetery	Savage	Mari		annie.

DHMH-16 20M (VRA 15, 4) 7/78

FOR

r je d svjej i \* o approximate the second of the second of

- 3 - 0 2 0 8 6 -

THE RESERVE OF THE PARTY OF THE

			100
Contract p		B	Lien
	COUZET LES		
	Section 1	Like ES.	

DF01 + 1970

the ottending physician and completely filled in by the funeral di-remove carbanpapers. Pages 1 and 2 shauld be filed within 72 ha

death certificate be executed within 24 haurs after

notified at ance.

injury, ar ather troumatic event, the medical

should be detoched for use os the burnot-transit permit. Then please remove costs with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or IMPORTANT, If hem 21 is marked or hem 18 shows only injury, or other troumatic

S	T	A	TE	0	F	M	A	RY	Ĺ	AND	
 -	_		110								

79-09068

-1		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	). T	0 0 0	0 0
		EASED NAME	FMST -	^	AIDDLE	l	AST		20	DATE OF DEATH	нтиом	DAY YEAR	26. HOUR
1	(III)	ORPRINT	WILLI	AM	E.	LO	CKARD		4	- 17-79	Î		530 M
	3 SEX			4 RACE		5 DATE C		YEAR	6 A	GE (IN YEARS LAST BIRTI		IF UNDER I YEAR	
		MALE			ITE	09		98		80	YRS		HOURS
		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVE	R MARRIED	1.5	ALTIMORE CITY O	_		
S.	N	MARYLAND		U.S	S.A.	WIDOWE		DIVORCED [	]   B/	ALTIMORE	CIT	Υ	MD.
2		LTIMORE	EATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET GNES HO			NSTITUTION	(TYP	USUAL OCCUPATR VEOF WORK FOR MOST OF TRUCK DRI	WORKING LI		
	USUA 13a. S	L RESIDENCE (# NU											
5		ARYLAND	136 COUP	117	136. CITY OR TOW		YES XX	CITY LIMITS?		STREET ADDRESS 929 S. BRI	INSWIT	CK STRE	ET. 21223
٦		THER'S NAME						R'S MAIDEN NA			2110112	OR DIRE	ALL LEED
0		LOUIS		MIDDLE	LOCKARD			ANNIE		WIDDLE		WITT	
	160 W	AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFOR	MANT		ADDRE	SS		
	,,,	NO	(11 103, 0.11	WAR OR DAILS)	212-10-	-9978	CAR	OLYN L.	LO	CKARD, 92	9 S.	BRUNSWI	CK ST.
		IE CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), or	nd ici.i				<u> </u>		BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY MAND LATER OF CONTROL RESPINATION OF A 17 YOU											
		4292 DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if on		(b)		ssible		ASPING	643	n Phen	mong	,	
		gove rise to in couse (a), stat	ing the	DUE TO, OF	R AS A CONSEOU	ENCE OF				ι			
	underlying couse lost. (c) ASCVD, CVA								<u>A</u>				
	NO	PART 2 OTHER SK	GNIFICANT (	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TER	MINAL	DISEASE OR CONE	OITION GIV	EN IN PART 1	(0)
$\exists$	CERTIFICATION	190 DATE OF OPER	ATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	2	0 AUTOPSY?		S, WERE FINDI	
7.	FIFE								l <sub>Y</sub>	ES NOT		FYING CAUSES	S OF DEATH?
7.	CERI	218 ACCIDENT WAS U	NDERLYING				21c HOW	INJURY OCCUP		ENTER NATURE OF INJUR			
		OR CONTRIBUTING		TH HOUR A.	M. MONTH D	AY YEAR							
	MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCA	TION					
	¥	WHILE NOT AT V	WHILE	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC )	STRE	ET		CITY OR TOW	N	COUNTY	STATE
		22a I certify that	I) (this hospi	tol) ottended the	e deceosed from_			. 19		to		19	that (1) (we) last
		sow the deced obove, (1) (we)	sed olive on (did) (did no	t) view the body	ofter death.	, or	id that in (n	ny) (aur) apinion	n deoth	occurred on the do	te and hou	or and from the	couses stated
		226. SIGNATURE		,			DEGREE					22c. DATE	SIGNED
		Nayo	7n	Vayu	valg	1	nos	ATTENDING PHYSICIAN		EDICAL STAF RECTOR PHYSIC		4/1	17/79
		228. PHYSICIAN'S	VAME (TYPE O	R PRINT)			22e ADDF						,
		NAYAC	VV	AYWI	1 LA		900	CATON	N A	VE. BAL	IMOF	RE, MD.	21229
	230 B	URIAL, CREMATION	, REMOVAL	236. DATE			_	RCREMATORY		3d. LOCATION CITY OR TOWN		COUNTY	STATE
		BURIAL		04-19	-79 LO			CEMETERY		BALTIMOR			RYLAND
	24 FU	NERAL DIRECTOR				21	229	25a DA	ATE REC	D. BY REGISTRAR	154 MS IST	TRAR'S SIGNAT	TURE

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR. After

FOR STATE

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

1 Istrans ReCready

8 - 0 - 0 - 0

---

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The last of the control of the contr

Beltimone x 962 E. 20th St.

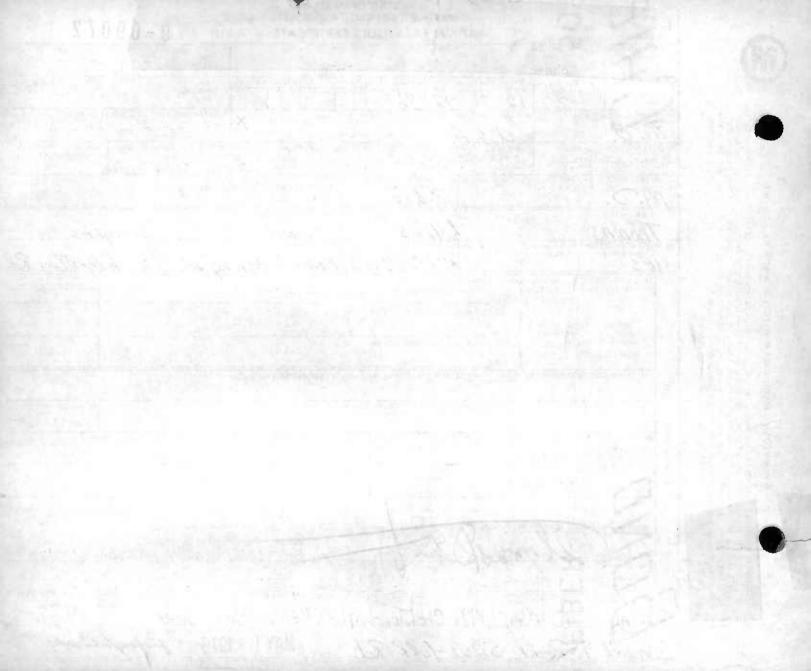
246-10-3031 Gledyn Lucas 1363 Cornuch Ave.

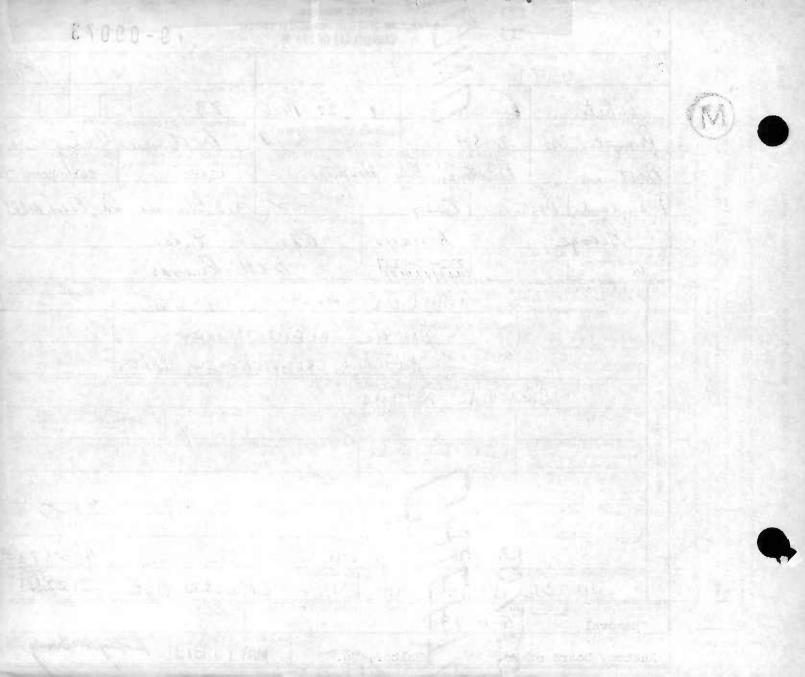
The state of the s Burial 4/12/79 Estainor Contacty Baltimore, Md.

March F/H 1101 F. Merch Ave. of the March Assessment

11000-01

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 2b. HOUR 6. DATE KNOWN LTYPE OR PRINTI ESTI-DEATH MATED X Robert Lvles 6. AGE (IN YEARS | IF UNDER TYR DATE OF BIRTH IF UNDER 24 HRS. 12:25 4. RACE DATE PRONOUNCED 42 19 79 Male Black. DEAD D M 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City. WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH Calvert St. Baltimore City SCCURTURE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LUMITS? 13e. STREET ADDRESS 113b. COUNTY YES 🔇 NO [ 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE PAGES 1 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NOXX YES [ TO BUR 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted nent courses. A Undetermined manner EXECUTE A SHOUTE TO FUNERAL CIRECT AFFER DEATH WITH SALLIMORE, MARYLE MILE SPECIAL ACTUAL Deputy Chiefiedical Examiner 4/30/79 SIGNATUR XAMINER'S NAME Thomas D. Smith, MD. 111 Penn St. Balto., MD. **ADDRESS** TYPE OR PRINT) (VR A15 ME (5)) 15M 7/76





DIVISION OF VITAL RECORDS,

2 (100) 70 70 8 10 10

AMIDPESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 26 HOUR

IF UNDER I YEAR

INDUSTRY

BETWEEN ONSE

NO [

STATE

YES

250. DATE REC'D. BY REGISTRAR 758 REGISTRAR'S CONATURE

COUNTY

27L DATE SIGNED

IF UNDER 24 HRS

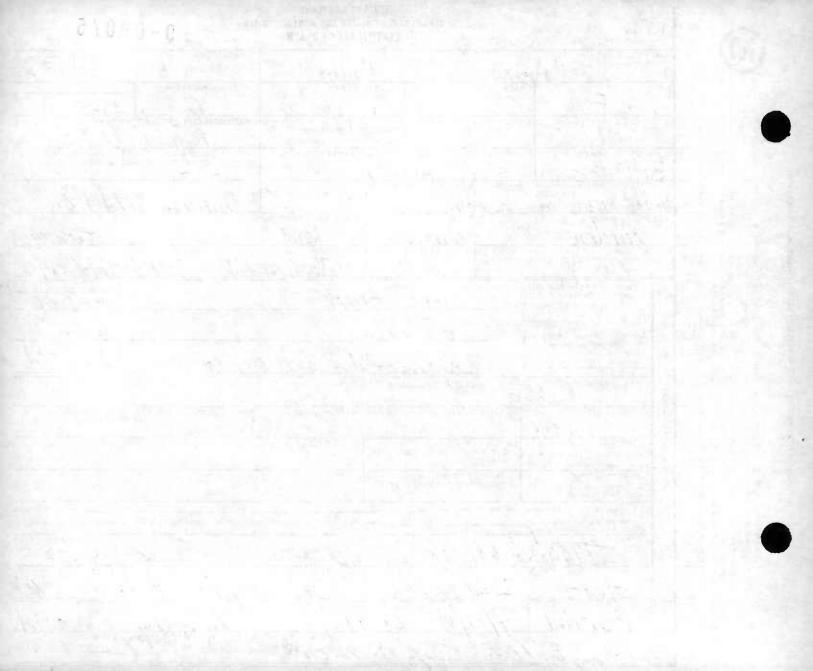
17h KIND OF BUSINESS OR

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

- STATE



Pine Grove Cem.

ADDRESS 7922 Wise Ave.

Rayville

b

250. DATE REC'D. BY REGISTRAR 250. ROSISTRAR'S SIGNATURE

Maryland

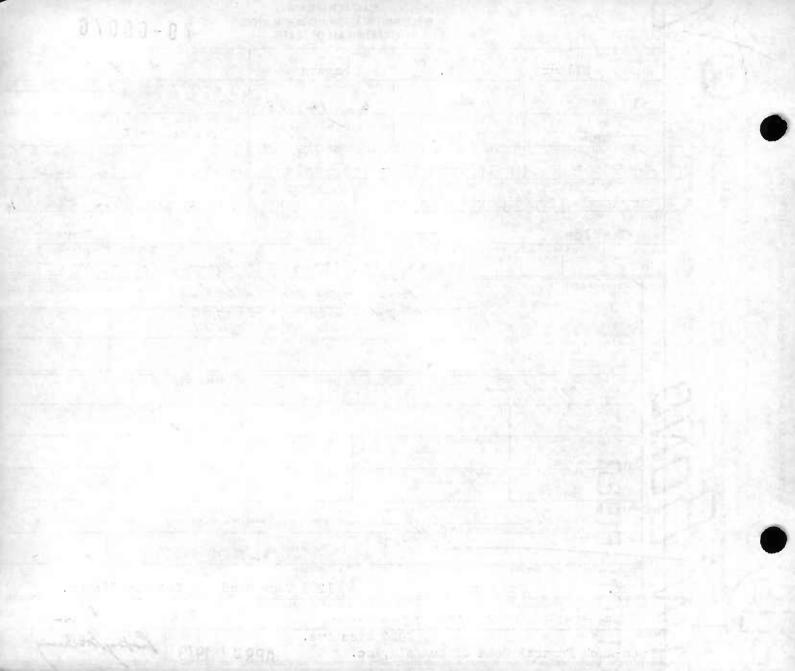
Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75 (VR A 15 (4)) 4/28/79

Duda-Ruck Funeral Home of Dundalk, Inc.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

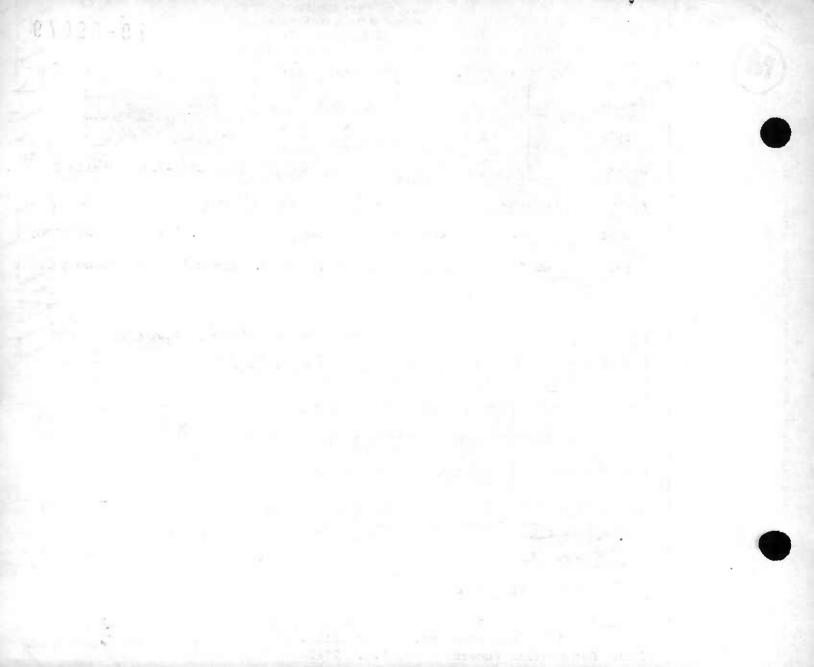


15M7/76

JIAIL VI MAKILANU DEPARTMENT OF HEALTH AND MENTAL HYGIENE

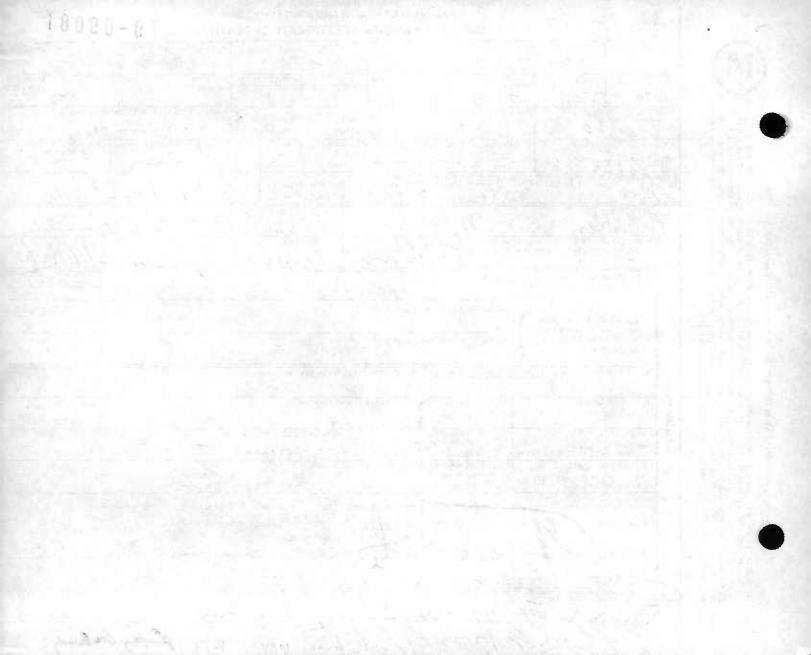
and a Man 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28 DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) Koland 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS CAVC. MALE TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH Maryland U S 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Health Inspec. Columbia DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Md EllicoH Cit 3010 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Halfpenny Edgar Marshall Alma ADDRESS 6n. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Meta H. Marshbll, 3010 Greenway Drive yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM and Mental Hygi Item 18 sh 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from (my) (aur) apinian death accurred on the date and haur and from the causes stated and that | we (did) (did not) view the bady ofter death DEGREE 22s. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL C should be deta-with the State D PHYSICIAN DIRECTOR PHYSICIAN [ 22d. PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Baltimore. 4/13/79 Woodlawn Cemetery Maryland Burial 1630 Edmondson Ave., CAtonsville, 10 DATE REC'D. BY REGISTRAR 255. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Witzke Eatonsville Funeral Home, P.A. 21228



00000-01-

	1	500				FMARYLAND					
	11-	FOR STATE				LTH AND MENTAL HYO S CERTIFICATE OF		REG. 709 -	nanal		
- 1 · · ·		REGISTRAR CEASED NAME	FIRST	MEDICALE	AMINEK			REG. NO	0300.		
And		E OR PRINT)			-	LAST	2a. DATE KI	ESTI-	H DAY YEAR	2b. HOUR	
( IVI)	Frankl			lin		Mason	DEATH A	NATED 4	30 19 79	30 19 79 M	
1975	3. SEX		I. RACE 5.	MONTH DAY YEAR	AGE (IN YEARS IF			MÖNTH		2d HOUR	
5700		ale	Black	14 30 79	HYRS. M	ONTHS DAYS HOURS M	PRONOUNC DEAD	4	30	12:53	
S FORES	FO FO	RTHPLACE (STA	to	CITIZEN OF WHAT COUNT		ARRIED NEVER MARRIED		RE CITY OR COU			
	10. CT	TY OR TOWN C	DE DEATH 1	NAME OF HOSPITAL, NUR			a. USUAL OCGUPA	Baltimore	LIZE KIND OF BU	MD.	
Propriet Any Delay IS I AND 3 TO THE F AND 3 TO THE F RETAIN PAGE SHED.	1	altimor		619 N. Port	FET ADDRESS)	STILL BASING HOLD	FOR MOST OF VOAKII		OR INDUSTR	YY	
. 21201 LIF ANY DEL. 2, AND 3 TO 3. REFAIN P SHOULD, B.	USUA 13a. Ş	L RESIDENCE (	FIN NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE B	R POWN/		. STREET ADDRES	7 12	+ 61		
.21201 . F AND 2, AND 3. RETA SHOULL	14 54	THER'S NAME	1	acco	) alli	YESY NO	66//	100	L II		
AD TANK	7	THER'S NAME FIRST	Un S	RIDDLE MAN	262	15. MOTHER'S MAIDEN	WAME MIDE	DIE /	LAST		
MORE, FTER DE E PAGE ES 1 AN	16a. V	AS DECEASED	EVER IN U.S. ARME	D FORCES? 166, SOCI	AL SECURITY NO.	17. INFORMAND		ADDRESS	4 4 1 4 2	0	
RESTON ST., BALTIMORE, A THIN 24 HOURS AFTER DEA L IN ITEM 18. GIVE PAGES R ALONG WITH FORM P UST PERMIT. PAGES 1 ANI L HYGIENE, DIVISION OF V OVAL.	(YI	S, NO, OR UNKNOV	VN) (IF YES, GIVE WA	A GR DATES)	mon	Vener	va ,	Maga	61910	to	
OUR 18. 0 18. 0 11. P		18. CAUSE OF	DEATH (Enter only of TH WAS CAUSED B	one couse per line for (o), (b),	ond (c).)			57 7 7 7	APPROXIMATE BETWEEN ONSET		
PRESTON ST VITHIN 24 HC CIL IN ITEM 1 NER ALONG ANSIT PERMI NOVAL.		PARTIDEA	A / IMMEDIATE		Gunshot	wound of head	d				
A A A A A A A A A A A A A A A A A A A		733	4	( DUE TO, OR AS A CONS	EQUENCE OF						
W. PREST D WITHIN ENCIL IN MINER , TRANSIT SINTAL HY REMOVA			i, if ony, which								
W. P ENC WAIN TRA REM			to immediate	DUE TO, OR AS A CONS	EQUENCE OF						
MAR X P. TE	10	lying caus	e last.		EGOETICE OF				1 100		
DS, 30 EXECU JG, IN OCAL E A BURI		PART 2 OTHER SIC	NIEICANT CONDITIONS CON	(c)	D TO THE TERMINAL DA	SEASE OR CONDITION GIVEN IN PART 1					
BE BE VOIN	NO	TAKE Z OTHER SHO	"	SOL HOLKETALE	U TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART I	(a)				
UID WEE	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED?			20. AUTOPSY? HEAD		
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHE E 3 SHOULD BE OFFE E 9 SHOULD BE OFFE PRIOR TO BURIAL, C	IF.			1 1 1 1 1 1 1					HEAD YES TO	ONLY	
VYC WWW BURIE BURIE WWW	E	21a. EXTERNAL	CAUSE WAS	216. TIME OF INJURY	210	HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR I			
STATE THE THE TOP THE		UNDERLYING	XOR CAUSE OF DE	HOUR A.M. MONTH 1 12:30x 4 3	0 19 <b>79</b>						
SIOI RTIF IG T SHO SHO OR T	MEDICAL	21d INHERY OF	CLIPPED	21e. PLACE OF INJURY		self inflict	ea				
DIVIS  HIS CER WRITING ARDED  TO THE DEFINITION OF PRICE	WE	WHILE AT WORK	NOT WHILE	STREET, FACTORY, FARM, ETC	.)	STREET	CITY OR TOWN	C	OUNTY	STATE	
DIN E: THIS C E: WRIT RWARD RWARD : PAGE STATE I		AT WORK	AT WORK	home		19 N. Port St.	. Balto			MD	
ORY,	173	22a. I certify	that I took charge o	f the remain during above	held out A Au	D ONLY topsy Inspection	. Inquiry	, ond in my	oninion		
EXAMINER: CERTIFICATE ULD BE FOR WITH THE	14	deoth resulted	from Notifie	COURSE   A	2 Suche		Undetermined man				
RAM REE	- 53	deom resone	/ ///	11/	1 11		onderermined mani	ier,			
CE CEX		ACTUAL	(M	ma o Wish	Inn.	TITLE (SPECIFY)	£	DATI	1.100	170	
EDICAL BITTE OF SHOUL BEATH, AORE, M.		SIGNATURE_	2 14	1 19 Harry	may !	_M.D. DeputyChie:	MEDICAL EXAMIN	IER SIGN		1/19_	
UTE ON ONE		EXAMINER'S N	IAME Thoms	as D. Smith, M		111 1	Dames Ch	D - 1 +	) (D		
TO MEDICAL E EXECUTE THE C FOR EASH A FOR EVENTAL AFTER DEATH, BALTIMORE, MA	1	TYPE OR PRIN	T)TIOINA	7			Penn St.	Balto.	, MD.		
A103	-4	HIAL PREMAT	ON REMOVAL 736	26/00 23c. NA	ME OF CEMETER	Y OR CREMATORY	23d. LOCATION	со	ST.	ATE	
0/0 BP	24.50	Dwi	12/	7/19 M	t. In	very a	Butth		MAX		
DHMH - 17 (VR A15 ME (5))	24.5%	A CONTRACT	70	Do ADDASS -2	111/1	O. DATE REC	D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE		
15M 7/76	1	mI	mue	(11/2W.	Never	- Ara MAY 1	1 1979	broken	and the said		



1101 E. North Ave.

MIDDLE

FOR

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

C. March F/H

DHMH-16 20M

(VRA 15, 4) 7/7B

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

2h HOUR

HOURS

126. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

NO [

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S-SIGNATURE

APR

22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

DAYS

19-05042

The second of th

and the second of the contract of the second of the second

. I. Treelityin Silk F. Rorthbaye.

Infrasera St. L.L.

11000

2

2

puo

Pages

transit per

Mental

Dept.

MPORTANT:

O FUNERAL [
nould be deta

0

shav

8

5

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 1. DECEASED NAME 20 DATE OF DEATH YEAR 2b. HOUR (TYPE OR PRINT) 79 RUDOLPH H. MASSE IF UNDER 24 HRS IF UNDER I YEAR 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR MONTHS DAYS HOURS 60 YRS WHITE 09 11 18 MALE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY MASSACHUSETTS WIDOWED DIVORCED 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO, COUNTY MUSICIAN AGNES HOSPITAL -- E.R BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 6214 CRAIGMONT ROAD. NO X MARYLAND BALTIMORE WESTVIEW YES . 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE EAST FIRS1 MIDDLE PELLETIER MASSE MARIAN PAUL ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) ALICE E. MASSE, 6214 CRAIGMONT ROAD YES WW 018-07-8752 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS JOHN C. HEALY, M.D. 1311 FRANCIS AVENUE, HALETHORPE, MD. 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

DIRECTOR hospital

24 FUNERAL DIRECTOR

(SPECIFY BURIAL

FOR

MEADOWRIDGE MEM.

05-01-79

PK. ELKRIDGE HOWARD MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

21229 INC., 4107 WILKENS AVE HUBBARD FUNERAL HOME.

= 60000 + e =	of the Land
	(eA)
The state of the s	

4107 WILKENS AVE

STATE OF MARYLAND

FOR

(VRA 15, 4) 7/78

HUBBARD FUNERAL HOME, INC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN T MONTH YEAR 2b. HOUR ETTPE CHIPBING DAVTD MAYFIELD DEATH MATED TO Doloman 19 IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED male negro DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE DILATE OF MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 112b. KIND OF BUSINESS OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 64 Lemon St. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 1136 COUNTY I FATHER'S NAME He WAS DECEASED EVER IN U ARMED FORCES? (YES, NO OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 71g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME 71f. LOCATION 71d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian Homicide Undetermined manner death resulted ram: Accident TITLE (SPECIFY) ACTUAL DATE 4-10-79 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St. examiner's name Ann M. Dixon, M.D. (TYPE OR PRINT) Emanuel Baptis DHMH - 17 VR A15 ME (5)) 15M 7/76

SUURU-ES James value arrestation le team A CARLO CARROLL CHARLES 12 Cold II I'V C-752 2 Lat Little 11 .... - - - 11 2 Employed the second of the sec

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 7/78

79-09086

Jours-ei

i qui

8 4

1 X x

.

.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2n DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDED 24 MDS 5 DATE OF BIRTH MONTH YEAR 7a BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED CLY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 120 USUAL O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER 13h COUNTY 114. INSIDE CITY LIMITS? 13e STREET ADDRE pino YES I NOF 15. MOTHER'S MAIDEN NAME PNAME ween MIDDLE 1600 ADDRESS DECEASED EVER IN U.S. ARMED FORCEST IM: SOCIAL SECURITY NO. 17. INFORMANT NO OR LINENOWNS I (IF YELL DIVE WAR ON DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH onpope 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRESTON DUE TO, OR AS A CONSEQUENCE OF carcinoma Conditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VIT AL RECORDS, CERTIFICATION 0 prior 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NOK YES A NO [ and Mental Hygi ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2). 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION a (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 | certify that (1) (this hospital) ottended the deceased from 0 opinion death occurred an the date one hour and from the couses stated (1) (we) (did (did nat) view the body after death. 22h SIGN DEGREE 22c. DATE SIGNED \*\* ATTENDING MEDICAL be deta FUNERAL PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should by ASYBURTON AVE 0 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE BP T(mare) 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR DHMH - 16 50M 7/77 (VRA 15(4)) 1721-27 N. Morry

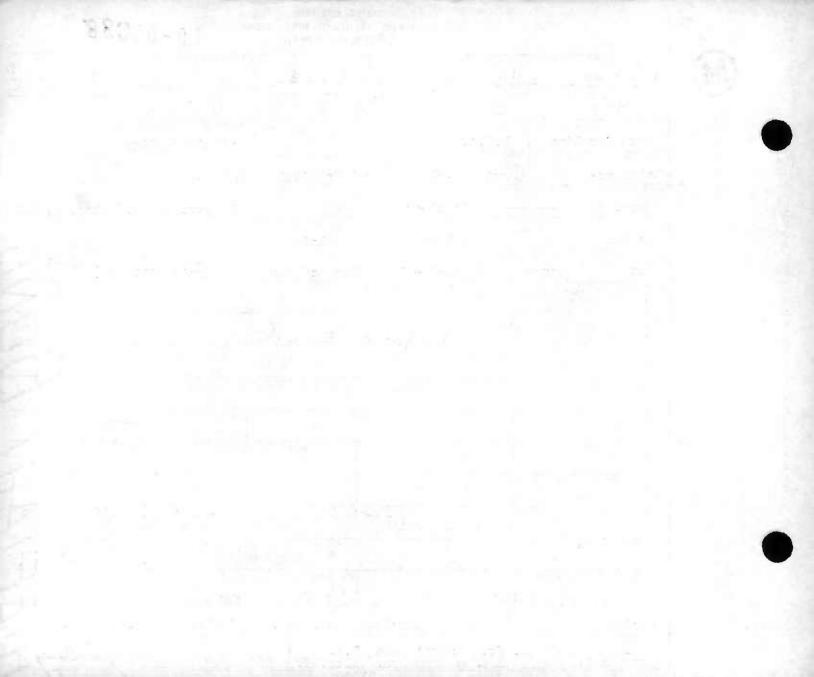
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00000

	= STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG	- 13	UU	D		
	CEASED NAME EOR PRINT	FIRST	llis	IDDIE	H		EES	20 DATE	OF DEATH	монтн	8	YEAR	26. HOU	301
3. SE	* Hale		B la	te	S. BATE O	BIRTHA,	1930	6 AGE (IN	+ 8	YRS.	MONTHS	DAYS	HOURS	24 HRS MIN.
	RTHPLACE (STATE OR FO		U.S.A		Y? 8 MARRIE WIDOWI		MARRIEDXX	1	ORECITY timor	_		EATH		M
	ITY OR TOWN OF DEA	TH 1	1. NAME OF H	OSPITAL, NUR H FACILITY, GIVE STR Charles	EET ADDRESS)			12a USUA	L OCCUPA ORK FOR MOST	ION	12 b	KIND O DUSTRY	F BUSINE	SS OF
130	AL RESIDENCE (IF NURSI STATE Maryland	NG HOME OR C 13b COUNT	Y	GIVE RESIDENCE BEI 130 CITY OR TO Baltimo	NWC	13d INSIDE	CITY LIMITS?		t address Barcl		./Ba	lto.	Md.2	121
K	ATHER'S NAME FIRST Ohlus			cClees		E1	R'S MAIDEN NA FIRST <b>SIE</b>	ME	MIDDLE			Hill	ſ	
160	WAS DECEASED EVER ( YES, NO OR UNKNOWN) ( <b>es</b>	N U.S. ARM UF YES, GIVE V Koreat	WAR OR DATES	166 SOCIAL SE 342-38-		Leo M	Clees	305 M	len B	urnie Hill		APPROXI		
CERTIFICATION	PART 2 OTHER SIGN		DNDITIONS CO	NTRIBUTING T	<u>O DEATH</u> BUT			INAL DISEASE OR CONDITION GIVE  200. AUTOPSY?  200. IF YES, IN CERTIFY			ES, WER	VEN IN PART 1(a S, WERE FINDINGS USED FYING CAUSES OF DEATH		
MEDICAL CERTI	21g, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHITE NOT WHAT WORK AT WORK	AUSE OF DEAT	P./	a. Month a.	19	211 LOCA STREE	INJURY OCCURP	YESRED (ENTER	NATURE OF INJ	JRY IN ITEM 1B		R PART 2)	NO _	ATE
	220.1 certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE)	d alive an_	4-8	19	70.0	nd that in (m	y) bur) ppinion	_, MEDICA	-	AFF	our and I			
	22d. PHYSICIAN'S NA	K	Ad 1	zwi		Noc	th C	har	les	G	en	era	1	
B	burial, crémation, i specify urial		4-12-7	79 Ma	aryland	Vets	Cem.	Che	Ttenh	am, A	. Å.,	<sup>'</sup> Md	STA	TE
24 F M P	uneral director larshall W. urnell B.	Jones Oden/4	Jr. I	Tuner#1	Home, Ave./H	P.A. Balto.N		1 /	registral	25h REGIS	STRAR'S	SIGNATI	ready	,

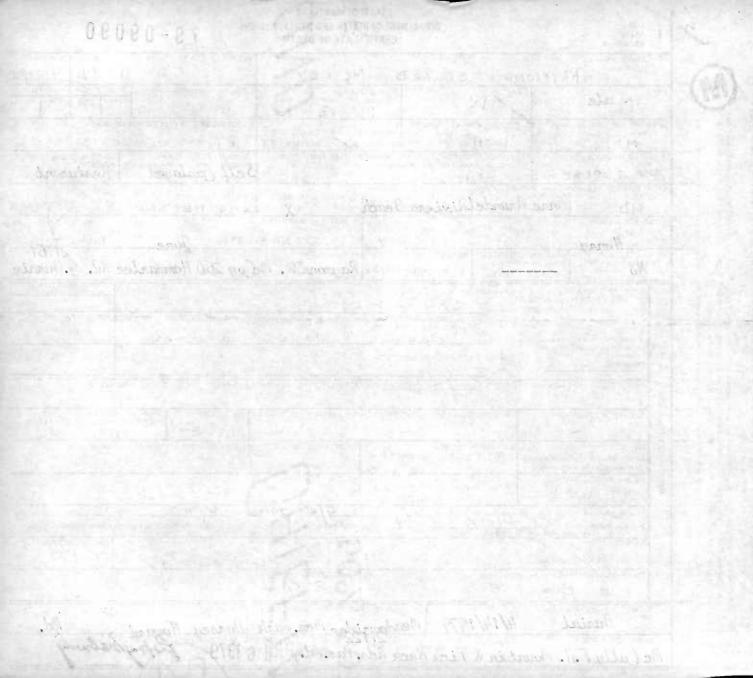
DHMH - 16 50M 1/76 (VR A 15 (4))



-2-	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 79-	0908	9
be oge 3 death		CEASED NAME FIRST NIC		YNN	McCL	URE.	20 DATE OF DEATH	MONTH DAY	79 748 AM
ge 4 may ector, pages offer d	3. SE	x Female	4 RACE Cauc		S. DATE C	.25, 0AY 1977 FAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDE	RIYEAR IF UNDER 24 HRS
n 72 hours	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED A	BALT I MOI	R COUNTY OF DE	
		BALTOMORE		HOSPITAL, NURSIN THE FACILITY, GIVE STREET HOPK IN	ADDRESS)	PITAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF NONE		KIND OF BUSINESS OR DUSTRY
Schould be well as the west be	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 138 COU	NTY	GNE RESIDENCE BEFOR 134. CITY OR TOV GLON BUT	VN.	134. INSIDE CITY LIMITS? YES NOXIX	13. STREET ADDRESS 6487 Heri	tage Hil	l Dr.
	I4. FA	ATHER'S NAME FIRST Glenn	MIDDLE B.	McClure		Pamela	WIDDLE	Moo	
DO POST			RMED FORCES? /E WAR OR DATES)	166 SOCIAL SECT	JRITY NO.	Glenn B. McC		Heritage	
physicia physicia andopers: emaval.		11. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA	nly one cause per ED BY: TE CAUSE (a)		ADIA!	C ARRE	57		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH  4 Menut
equires that the death ce signed by the attending the please remotion, or to hiury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	(b) DUE TO, O	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN I	PART 1(a)
SICIAN: The 18w reng physicion. certificate has 5 permit rial-transit permit ental Hygiene prior frem 18 shows any i	CERTIFICATION	190 DATE OF OPERATION  4 4 79  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EN DO	CARMAL	E S	21c HOW INJURY OCCUR	200 AUTOPSY?  YES NO	IN CERTIFYING (	E FINDINGS USED CAUSES OF DEATH? NO []
G PHY strendir er this the bu and M	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	P. 21e PLACE	M. OF INJURY REET, FACTORY, OFFICE,	19 FARM, ETC )	211 LOCATION STREET	CITY OR TOW	'N COU	UNTY STATE
Spital or		22a 1 certify that (1) this hosp saw the deceased alive or above, (1) (Ive) (did) (did n	4/5	19	79 . on	d that in (my) (aur) opinion (	death accurred on the do	19 ite and haur and f	that (we) last ram the couses stated
SPITATE C. ATT 4 by the haspin NERAL DIRECTO be deloched for e Store Deet of TANT: If New 21		226 SIGNATURE	Karbean	, ni	D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F I	DATE SIGNED
TO HOSPITA retained by I TO FUNERAL schould be dell with the Start MPORTANT,		KARL 3.	ARLSO	N		JOHNS	HOPKINS	Host	TAL
BP	23a (	BURIAL, CREMATION, REMOVAL SPECERY) Burial	4/7/7	9 M	eadowi			A.A.,	Maryland
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	UNERALDIRECTOR 1638 Ltzke Funeral H	Edmond:	son Ave., Catonsvil	Cato	A. 21228 APR	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE

2 Ett 3 II = 16 A

1 1



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-1919 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a DATE OF DEATH TYPE OR PRINT NELLIE MC DANTEL 4 RACE 5. DATE OF BIRTH 3. SEX AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1918 Black 61 Female BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore INDUSTRY SUAL NE 130 STATE Md. DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 855 McKim Court YES A NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jefferson Anderson Archie Carrie ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES® 166 SOCIAL SECURITY NO 17. INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 214-22-7702 Nellie Chisholm 1207 E. North No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF mindos Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF uen underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à 0 IN CERTIFYING CAUSES OF DEATH? YES [ NO M sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR Mentofil OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 0 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ā CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated MOUPY SAW sow the deceased alive on above. If we paid and not view the body after death 226. SIGNALINES DEGREE 22c DATE SIGNED MEDICAL STAFF 101 ATTENDING be or he Stote FUNERAL should be detunith the Store IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23d. LOCATION Baltimore County, 4/16/79 King Memorial Pk. Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. RESSTRAR'S SIGNATURE DHMH - 16 50M 7/77 C. March F/H 1101 E. North Ave. (VRA 15 (4))

		5.	
62	1 1 2018	Black	I'mulani
		.A.8.U	
			Baltsteam
85 Marin Court u	X 1	position .	, 514
Jefferenn	on Carrie	an dint	AldonA
danolm 1907 F. Hound	702 Relite oh	214-22-7	

Birtial 4/16/79 King Memorial Pk. Baltimore Jounty, Add

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00002 7.0

- STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	0303	6
1. DECEASED NAME TYPE OR PRINT)	FIRST	WIDDLE	L	AST	2e. DATE O	F DEATH MONTH	DAY YEAR	26 HOUR
P	riscilla		MC.	Daniel		4	30 79	M
3 SEX	4 RACE		5 DATE O		6 AGE INY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Blac	ck	8	7 1895	83	YRS	MONTHS DAYS	HOURS MIN
70 BIRTHPLACE (STATE OR I	OREIGN 76 CITIZEN	OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMO	RECITY OR COUN	TY OF DEATH	
1 s. (	C. II. S	S. A.	WIDOWE	DIVORCED [	Balt	imore City	7	MD.
10 CITY OR TOWN OF DE		OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET		R OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKING		OF BUSINESS OR
Baltimore	1624 N	Payson St		5				
SUAL RESIDENCE (IF NUR	13b COUNTY	ON, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS		
Md		Baltimo	re	YES NO	624 1	N. Payson	St.	
14 FATHER'S NAME				15 MOTHER'S MAIDEN N				
Muskey	WIDDLE	Canty		Luvenia		WIDDLE	Green	
16a WAS DECEASED EVER	IN U.S. ARMED FORCES	? 16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
No		212-56-4	1144	Pauline Hall	501	N. Longwood	od St.	
PART I. DEATH V	TH (Enter only one cause   VAS CAUSED BY IMMEDIATE CAUSE (a),	per la Maria la	Jan Jan	mue Co	de	Vesu	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
11/11/11/00	,	111		^				

4029	DUE TO, OR AS A CONSIDERICE OF	
anditions, if ony, which	(6)	_
use (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
iderlying cause last		

YEAR

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NO YES [

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING \_\_ CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER P.M

23b. DATE

5/4/79

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION

COUNTY

STATE

21d INJURY OCCURRED NOT WHILE 220 I certify that (I) (this haspital) attended the deceased fro

230. BURIAL, CREMATION, REMOVAL

Burial

22b. SIGNATURE

CERTIFICA

MEDICAL

DEGREE

22e ADDRESS

ond that in (my) (our) opinian death occurred an the date and haur and from the causes stated

CITY OR TOWN

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Arbutus, Md. STATE COUNTY Arbutus Memorial Park

24 FUNERAL DIRECTOR Wm. C. March F/H

1101 E. North Ave.

1979

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

DHMH - 16 50M 1/76 (VR A 15 (4))

19-0902

0 Er = 1 146 M/G

4 B 0 C 0 - C 1 HYARES - SHEET BARRETTANIA a claim. Last of the The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-09095 - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) NILLIAM 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR DATE OF BIRTH OAYS 1900 9 BALTIMORE CITY OR COUNTY OF DEATH 7g BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) ALTIMORE WIDOWED 10 CHY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MERCHANT MARINE NIVERSITY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTO 13d INSIDE CITY LIMITS? 301 HC 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ANIEL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unknown 18 CAUSE OF DEATH Enter only one couse per line for joil by, PART I. DEATH WAS CAUSED BY: letastate rostate DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? entol Hyg 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED Ē 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE AT WORK NOT WHILE [ AT WORK 1412 220.1 certify that (1) this hospital) attended the deceased from. and that in (my) our) opinion death occurred on the date and hour and from the causes stated we (did ) did not view the body after death 22c, DATE SIGNED 226. SIGNATUR DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should be COSEN 230 BURIAL, CREMATION, REMOVAL REMOVAL PNATOMY ROPED OF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE COUNTY STATE UF 250 DATE REC'D, BY REGISTRAR 256 PESSTAR'S S 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Balto., Md. Anatomy Board of Md.

a contract of the second of th

Bradshaw & Sons

FOR - STATE

STATE OF MARY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIEIC ATE OF DEATH

79-09096

-00		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			The state of the
	1. DEC	E ASED NAME	FIRST	٨	AIODLE	l	AST	20. DATE OF DEATH MO	NTH DAY	YEAR	2b. HOUR
	{ I YPE	OR PRINT)	VY	TEU	BNER	r	CARATH	4	1/ -	79	9:00 AM
	3. SE>	(	04.0	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA		ER I YEAR	IF UNDER 24 HRS
		Female		White		June	A 4 A-1	82	YRS.		HOURS MIN
2		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8/	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DE	EATH	
5		Marylan			.A.	WIDOWE	DIVORCED	Baltimo		1	MD.
7/		Baltimore	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) IN	DUSTRY	Board of
1	_		ING HOME OR		ello Sta		spital	Sub. Teacher	- Agu	ucati	ron
5		AL RESIDENCE (# NURS TATE aryland	1	timore	Baltim		13d INSIDE CITY LIMITS? YES NO 🌋	3616 Clifma	r Rd.	(;	21207)
42	14. FA	THER'S NAME	C. C.S.				15. MOTHER'S MAIDEN NA				
10		Charles		linand	Tubener		Margaret	Elizabe	th	Led	ley
h		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS			
-		no	nor		218-20	-8550	Mrs. Joanne	Knell Same a	s 13 a,	, b, c	,d,e
8		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	y one couse per	line for (a), jb), gn	id (ci.)		. 1.		SETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		BY: E CAUSE (8)	Bilati	mal	PHILIP	entre.	13	3 - 2	. 36.
12		1491 -	IMMEDIAI		7,0000			7			-
O.	7	786		DUE TO, OF	R AS A CONSEQUE	ENCEOF					
70		Conditions, if any,		(b)						7.0	
		couse (a), statin	ig the	DUE TO, OF	R AS A CONSEQUE	ENCE OF			833		
Ħ		underlying couse	lost	(()						110	
10		PART 2. OTHER SIGN	VIFICANTO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN	PART 1(r	0)
	NO	Samel	Don	rentra	AAA	wel. 1	Demortus	ulser			
0	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	28g AUTOPSY? 20	b. IF YES, WER	E FINDIN	NGS USED
7	FIC							1	CERTIFYING	CAUSES	
	RT	A) ACCIOENT WAS IN	2000000	21b. TIME O	E INTIMOV		121- HOW BUILDY OF SUB	YES NO	YES 🗌		NO []
9		210. ACCIDENT WAS UNI		110110	M. MONTH D.	AY YEAR	ZIC. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HEM 18, PART I OF	RPART 2)	
1	CAI	(IF EITHER, NOTIFY MEDIC		P./	M.	19					
	MEDICAL	21d. INJURY OCCUR		21e. PLACE (	OF INJURY	FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	co	YTHU	STATE
1	2	AT WORK AT WO	ORK .				The second				
6		220 I certify that (I)	(this hospit	ol) ottended jth	e deceosed from_	716	19 79	10 april	11 197	9	that (I) (we) lost
		sow the decease above, (1) (we) (	ed plive on	come	Ofter death	79 .01	nd that in (my) (our) opinion	deoth occurred on the date	and hour and f	from the	couses stated
	-	22b. SIGNATURE	aid) (did iib	The body	otter deom.		DEGREE		7	2c. DATE	SIGNED
	110	Conazan	- M	· fuel	MA.	1.	A I D ATTENDING PHYSICIAN E	MEDICAL STAFF	D		
1		22d. PHYSICIAN'S NA		PRINT		1	22e. ADDRESS	J DIRECTOR EJ PHITSICIAL	List I	-	
/		CORAZ			UEVAS	M.D	2201 ang	enne Dr.	, Bali	1.7	11718
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATOR	23£ LOCATION CIT-OS TOWN	count	4	21418
	(3	Burial		4/14	/79 Su	nnyri	dge Memorial	400	eld So	omer	set Md.
	24. FL	INERAL DIRECTOR		Local Control	ADDRESS		25a. D. N	BES & BY TO YOU THE	REZERES	SPA	Herooly
		NAME			ADDRESS -		04040	FK 1 ( 13/3		-	

Crisfield, Md.

/8 E n e n - e v				
Street Street	117492	14.	KINE Y	
\$6	100	Since 2	e hete	Temple .
ndia empilia	100			and Print
Tree Tarotte Tree Line Committee	112.57	ion state of		supplified
control de secreto arag		enceleles	eronitis.	Milinel
galbel descents	retricted.	201668	1424	enfiged)
		4	ALL ELLIP	
the second of the second		*		Kristonia

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	79-	09	097
	CEASED NAME OR PRINT) Mi	chael	Frank		CGRAW	20. DATE OF DEATH MO	4 23	YEAR 79	26. HOUR 4:10 A
3. SEX	ale	4. RACE	icasian	5. DATE O		6 AGE (IN YEARS LAST BIRTHO	AY) IF UNI	DER I YEAR	IF UNDER 24 HRS HOURS MIN
M	RTHPLACE (STATE OR FO	U.	S. A.	WIDOWI		9 BALTIMORE CITY OR Baltimore	C174	EATH	м
Ba	altimore	VAN	ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET C, Baltimore	ADDRESS)	ryland 21218	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Constructi	VORKING LIFE) IN	h. KIND OF IDUSTRY	BUSINESS O
Ma	AL RESIDENCE (IF NURSI STATE Aryland THER'S NAME	NG HOME OR O 1111 135 COUNTY Baltimor	yution, give residence before 13t CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM	13e. STREET ADDRESS 2617 Green		venue	2
14. FA	THOMAS	MIDDLE	MC GRAW		FIRST	WIDDIE	242	LAST	1000
16a W	VAS DECEASED EVER ! (ES, NO OR UNKNOWN)	N U.S. ARMED FO			VAMC Record	ADDRESS s, Baltimore		and 2	21218
NO	Canditions, if any, gove rise to imm cause (a., stating underlying cause	which lediate g the lost	ETO, OR AS A CONSEQUE  (b)  ETO, OR AS A CONSEQUE  (c)  ONS CONTRIBUTING TO	ENCE OF	I NOT RELATED TO THE TERM	inal disease or Condi	TION GIVEN IN	PART 110	
CERTIFICATION	19a DATE OF OPERAT	ION 19b	CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED		20b. IF YES, WEI IN CERTIFYING YES		
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH D, P.M.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	IN ITEM 18, PART 1 C	PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE [	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	cc	YTAUC	STATE
	220 I certify that (I) sow the secose	d ofive on AD	ril 23 19 7	Apri	nd that in (my) our) opinion o	to April 2.		from the c	
	obove (I) (we) of	met Fl	tone TAD			MEDICAL STAFF DIRECTOR PHYSICIA	W X	4/2	3/79
	obove/(I)/(we) id	met Fl	tone TAD		ATTENDING PHYSICIAN 220 ADDRESS 3900		Bouleva	4/2 rd	3/79

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
Mit Thell-Wiedefeld Home-6500 York Rd. 21212

10000-01				
4 23 79 6:10 6	1400,0	10.0	r X Abri	
10	£0 £2 0	ilan 1	Caucas	risto
.altinoro	N N		П. В.	iaryland
Construction	ryloud 21218	iclticore, w	V.C.O.	altimore
2017 Green court verue	X	Maltinore	laltimore	Serviend
1116	5 4.25			3/2017
s, welthour, Parpland 21218	VAPO Lecor	219-01-9978	I	201
April 22 79	79	23 79 130 79	I broa	
Loch Paven Howlevard Loce, Por land 21218			A STATE	
Terry, on no co.	ate of the state of the	. 16 St	4/2-1	furial
5191 N. J.	21212	pil stayY 0000-	sani bislaba	14-1150001

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTI		HEALTH AND MI		IENE REG. N		090	98	
		CEASED NAME FIRST		WIDDLE		LAST		2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	•
	(ITPE	OR PRINT) MARCE	LLA	М.	MCC	GREGOR			4 2	8 79		
1	3. SE	x Female	4. RACE Wh	ite	5. DATE (	H DAY	YEAR	6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN	,
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	16	07	9 BALTIMORE CITY C		OF DEATH		
5		Md.	USA		WIDOW		DRCED 🔀		. City		MD.	
4	10 C1	Balto.	(IF NOT IN SU	HOSPITAL, NURSING HEACHLITY, GIVE STREET  N Mem. Ho	ADDRESS)	OR OTHER INSTIT	UTION	The USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Clerk		INDUSTRY	ernment	
(	USU / 13a. S	AL RESIDENCE (IF NURSING HOM STATE 136 CC Md.	E OR OTHER INSTITUTION		E ADMISSION) /N	134 INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS 5631 C	arter 2			
20	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S A	ST			LAST		
1		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	P. ARMED FORCES? GIVE WAR OR DATES)	0'Malley 166 SOCIAL SECU 215-22-	JRITY NO.	I7. INFORMAN	trude	ADDR	ESS	Pala	ardy	
	Z	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, O		CLE RO		O THE TERM	inal disease or con	EASE	5	-20 mi	
7	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH		LD, AD	MED	200 AUTOPSY?		WERE FINDIN		
1	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY M. MONTH D, M.	AY YEAR			RED (ENTER NATURE OF INJU				
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION		CITY OR TO	WN	COUNTY	STATE	
		22a.1 certify that (I) (this he saw the deceased alive abave, (I) (ma) (did) (did	an 64-14 I not) view the bady	e deceased fram	7/6		19 <u>73</u>	, to <b>APNIL</b> death accurred an the d			hat (I) ( <del>we)</del> last causes stated	
		27b. SIGNATURE	Lewens				ENDING IYSICIAN	MEDICAL STA		224. DATE :	01-79	
		220 PHYSICIAN'S NAME (TY	PE OR PRINT)	NDOWSKI		300 E	70	PPARA T	OUSON	Md	21204	
		BURIAL, CREMATION, REMOVING SPECIFY)  Removal	7AL 23b. DATE 72/28/		NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE	
	24. FU	UNERAL DIRECTOR	1 -//	V			25a. DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	JRE	

DHMH - 16 50M 7/77 (VR A 15 (4))

Anatomy Board of Md.

Balto., Md.

MAY 9

8 8 0 8 0 - 8 AND THE TAXABLE TAXABLE - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. NO

			SED NAME	FIRST	,	MIDDLE		ŁA	1		2a DATE O	FDEATH M	ONTH DAT	YEAR	26. HOUR	
75 E	(	TYPE OR I		ERTRUDE	1 3	J.		Mc	GUIRE			C	4 09	79	11 15 M	
May Y	3	SEX		4.	RACE		5	DATE OF			6 AGE (INY	EARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS	
120	1	F	EMALE		WHIT	Ë		07	29	04		74	YRS	NTHS DAYS	HOURS MIN.	
1 0 0 0 D	70		PLACE (STATE OF F	OREIGN 7h	CITIZEN OF	WHAT COUNT	TRY?		107		9 BALTIMO	RE CITY OR		FDEATH		
1 1 E	5	COUN	NSYLVANIA	Δ	U.S.	Α		AARRIED IDOWED		MARRIED	BALT	IMORE	CITY		MD.	
by the furnited with	10	CITY	OR TOWN OF DE	ATH 11	. NAME OF I	HOSPITAL, NU	IRSING H	IOME OF	OTHER INS		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER			12b. KIND OF BUSINESS OR INDUSTRY		
filled in nould be	7 1	MAR!	RESIDENCE (IF NUR TE YLAND	SING HOME OF OT 136 COUNTY BALTI		GIVE RESIDENCE I			134 INSIDE C	№ 🖔	<u> </u>	ADDRESS LEEDS	AVENU	E, 212	227	
2 sh	7, 14	FATH	ER'S NAME	MID	DIF	LAST			15. MOTHER	S MAIDEN NA/	WE	MIDDLE		LAS	.,	
ampletely and 2 sh	4		PHILIP	AL		NEW?		_	I	IARY	ALICE			TURNER		
	16		DECEASED EVER	IN U.S. ARME		166 SOCIALS	SECURITY	NO	17 INFORMA	ANT		ADDRES	S			
n ond c		(TES,	NO	(IF TES, GIVE WA	AR OR DATES)	215-0	5-65	18	WILLIA	M W. Me	GUIRE	5112	LEEDS	AVEN	JE	
Sicrol of the boll		18	CAUSE OF DEAT PART I. DEATH V	TH (Enter only o	one couse per	line for (o), (b	, and (c		<del></del>			<del></del>	<del></del>		MATE INTERVAL ONSET AND DEATH	
physical phy		-1	PART I. DEATH V	VAS CAUSED E IMMEDIATE (		MYOCA	AR DI	AL	INF	ARCTIC	N			1	day	
	П		1224	MMEDIATE		R AS A CONS										
ottendin nave corb atian, ar		c	Conditions, if any	, which	(6)	GRAM	1 NE	CA	TIVE	SEPTIC	ENIA			3	days	
he o emo emot	П	9	ove rise to im	mediote	DUE TO O	R AS A CONSI	EOHENIC	E O E		-					1	
by t ose r I, cre	П	_	nderlying couse	e lost	(6)	K AS A CONSI	LOOLING	201								
ned pled violation	l.	PA	ART 2 OTHER SIG	NIFICANT CO		ONTRIBUTING	TO DE A	TH BUT N	OT RELATED	TO THE TERM	INAL DISEAS	E OR COND	ITION GIVEN	IN PART 10	5	
The right	1	5	LEFT	r-side	ED (	CARDIA	C	FAT	LURE							
bee bee	2	190	DATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OP	RATION	WAS PERFO	RMED	20a AUTO	OPSY?	206. IF YES, V		NGS USED OF DEATH?	
ows ene	4										YES 🗌	NO	YES		NO [	
ysic roas Hyg	9 8	21	a. ACCIDENT WAS UN		21b. TIME O	F INJURY M. MONTH	DAY	YEAR	21c HOW IN	JURY OCCURR	ED (ENTERNA	TURE OF INJURY	IN ITEM 18 PAR	I OR PART 2)		
certification of the second of		(	R CONTRIBUTING		P.		DAT	19								
his c	100	21	d INJURY OCCUR		21e PLACE	OF INJURY	rice eagu	****	21f LOCATH	ЙČ		CITY OR TOWN		COUNTY	STATE	
atter the street of the street	13		WORK AT WE	ORK	(A) HOME, SIR	REET, PACIONT, OF	TR.E, FARM,	EICJ	Jineer			CITY ON TOWN	•	COUNT	STATE	
Af Af		22	a.l certify that (I	(this hospital				Ayor	11 8	19 7 9	, to	Agril	10, 19	79	that (I) (we) lost	
for for 211	1		sow the decease obove, (I) (we) (	ed olive on	Aparil	ofter death	1979	, one	that in (my)	(our) opinion (	death occurre	ed on the dot	e and hour o	nd from the	couses stated	
hos IREC hed ept ept	1	22	. SIGNATURE	) 1		oner death.		D	EGREE					22c. DATE	SIGNED	
AL D defact of D			T	- di	Anc	any				ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICI	AN	Berg	10,1979	
NERAL be der	7	22	d PHYSICIAN'S N	AME (TYPE OR PR	INT)				22e ADDRES	is						
should be with the S			- dIA	RCAL	JGVE	3			900	CATON	AVF.	BALT	TMORE	MD	21229	
5 g 5 g 3 8-	23	a BUR	IAL, CREMATION,	REMOVAL	23b DATE		23c NAM	E OF CE		CREMATORY	23d LOC/	ATION		-		
BP		(SPEC	URIAL		04-14-	-79	LOUD	ON F	ARK CH	EMETERY		TIMORE		M	ARYLAND	
500000000000000000000000000000000000000	24	FUNE	RAL DIRECTOR		U   1 T	-			1229	25a DATE		EGISTRAR 2			Caroda	
DHMH-16 20M (YRA 15, 4) 7/7B			BARD FUN	ERAL HO	OME, IN	NC. 41	-			E. AI	PRIO	19/9	4			

page 3

nding physicion and completely filled in by the corbon papers. Pages 1 and 2 should be filed

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be notified of once

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corban papers. Family the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

ATTENDING PHYSICIAN: The low

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09100

		REGISTRAR				CERTIF	ICATE OF	DEATH	REG	, NO.		0.	
		CEASED NAME OR PRINT)	FIRST	JOSE	EPH		U <b>G</b> H		20. DATE OF DEATH		DAY 7	YEAR 79	26. HOUR 3:00P
	3. SE			4 RACE WHI:		5. DATE (	OF BIRTH	1 <sup>Y</sup> =5 <sup>R</sup>	6. AGE (IN YEARS LAST	BIRTHDAY)	#F UN	DER I YEAR	IF UNDER 24 HRS
9	NEV	RTHPLACE (STATE OR I	117	U.S.A		WIDOWI		VORCED	9 BALTIMORE CIT	Y OR COU	NTY OF E	EATH	MD.
74	MA	RYLAND		LOCH RAY	HOSPITAL, NURSINI H FACILITY, GIVE STREET A VEN MEDICA	AL CE		TITUTION	Retired		LIFE) 12	Bak	ery
5	130. S	AL RESIDENCE (IF NUR STATE ARYLAND	136 COUN St.	OTHER INSTITUTION, ITY Mary s	13c. CITY OR TOWN Lexingto	٧ _ '		NO 💢	38 W. L.	iel India	MA \$7	RYLA	ND , 20653
16		Francis			McHugh		An		MIDDL	0'	Donn	ell LAS	т
2	18a V	VAS DECEASED EVER (ES, NO OR UNKNOWN) YES		57 14 2110 Harry F. Blair &				Sons 723 Coney Island Ave.					
1)	CERTIFICATION	Conditions, if ony gove rise to im cause (a), stati underlying caus.  PART 2 OTHER SIG	mediote ng the e last.	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE DE NOTE AT HE BUT	B 10 P		INAL DISEASE OR CO	20b. IF	YES, WE	RE FINDIN	GS USED OF DEATH?
9	MEDICAL CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e. PLACE O			M. MONTH DAY YEAR M. 19			YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE					
1		226. I certify that X (this hospital) attended the deceased from 3-16.  sow the deceased alive on 4-7.  above X (pe i, did) MXXX view the body after death.  226. SIGNATUR  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR VENEZULA STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR VENEZULA STAFF PHYSICIAN DIRECTOR P								-			
	(5	URIAL, CREMATION SPECIFY) Burial	, REMOVAL	23b. DATE 4-11-	23c. N		EMETERY OR	CREMATORY  [ational]	23d. LOCATION CITY OR TOWN	vm_a	COUN	New	STATE York
		onard J.	Ruck,	[nc.5305	Harford	Rd.B	alto,Mo	n n n n	REC'D. BY REGISTR	4.R 251 REG	7	MEG	URE

BP\_\_\_\_\_ DHMH-16 50M 7/77 (VR A 15 (4))

upost of the A	13	MINON 7	MITTER T	- HAT	
	Or In	10	21.7.47		BUAK
CLEAN CLEAN	170		.a.a.u		gs05 133
graphed towing heritant	727	nen Jan	HE WAY IN		GMATKEAM
		deser, mes	day to be the	a . 36 . 16	MAINAI
Demonstra	gent .		design		Fores
winnafa: zonoù gi anoi a zi	te" gran	11 12 20	0.67 1	2100	557
				X YEAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-091 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 2b HOUR CTHIS CHEPROVIL FRANCES HOWARD MCKENZIE & AGE LIN YEARS LAST BIRTHDAY 3.5EX 5 DATE OF BIRTH MONTHS DAYS MONTH HOURS Jan. 19,1913 male white 66 YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED BALTIMORE CITY U.S.A. Maryland O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) C.R. Daniels Co. BALTIMORE AGNES HOSPITA maint. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 5917 Central Ave. Balto. Woodlawn NO X Maryland 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Eyler Nettie McKenzie Albert C. 5917 Central Ave. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Woodlawn Maryland 21207 Anna McKenzie 213 01 6905 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line factor, (b., and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 220.1 certify that (A (this haspital) ottended the deceased from 2 and that in My) (our opinion death accurred on the date and hour and from the causes stated saw the deceosed alive o obove, (Ne) (did) (d) not) view the body ofter death 77b SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT. 900 SO. CATON AVE BALTO MD 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) 4/18/79 Ellicott burial Good Shepherd Cem. Coty. Howard . Maryland 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) BLACK Funeral Home Ellicott City Maryland 21043

10181-81 ATTENDED TO SEE SEE XIID BOOKITUS LTHORE ST. ASIE STRIL .w It was a second because .no factor for middle winner .D. godfo The state of the same of the s

tractic tractic and the state of the state o The state of the s

	N		FOR STATE REGISTRAR	/10//9 gJ	DEPARTMENT OF	E OF MAKTLAND TEALTH AND MENTAL HYC TICATE OF DEATH		79-0	9102
	-		CEASED NAME FIRST	MIDDLE		AST	REG. NO		YEAR 26 HOUR
ge 3		(TYPE	OR PRINT)  Theode	ore A.	М	cKinley	Apr.	il 24 1979	9 3:55A M
far, po		3 SE		4 RACE	MONT		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
aurs			RTHPLACE (STATE OR FOREIGN	Black 76 CITIZEN OF WHAT	12	30 32	9. BALTIMORE CITY O	YRS_	ATH.
erol o	ance	C	Va.	U. S.	A. WIDOW	NEVER MARRIED DIVORCED	Baltimore		MD
fter de the fun d withir	optified of	F	TY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING HOME ( TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION 126. K	(IND OF BUSINESS OR JSTRY
urs o	e no	_	AL RESIDENCE (IF NURSING HOME OF	-	General Ho	spital	<u>}</u>		
AND 21 24 ho filled in	Base by State	13a S	Md.		il timore	13d. INSIDE CITY LIMITS?	130 STREET OF RESS	Mount	St.
RYLA vithin 2 sh	niner	14 FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAST
MAR ted w	exo		William	H. Mc	Kinley	Alice	Ε.		rris
MORE, execu	medico	16a. V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	.6-24-083	17 INFORMANT	Kinley 1		ount St
ALTIN te be ician bers. P	the n		18 CAUSE OF DEATH (Enter or			ALLCE MC	Kintey It		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
T., B.	vent,		PART I. DEATH WAS CAUSE	D BY.	monia				days
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN.  ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician.  After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonopopers. Pages I and 2 should be file thand Mental Hygiene prior to burial, cremation, or removal.	matic e	3	1519	DUE TO, OR AS A	CONSEQUENCE OF	oma With Meta	stases	18	months
removements	her frau		Conditions, if ony, which gove rise to immediate couse (a), stating the	(6)	CONSEQUENCE OF	O.I.C. 112 012 112 00	5 645 65		
that that id by lease lease not, c	or other		underlying couse lost	( (c)					
osigne signe hen p	lory.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(0)
ECORI ow red been rmit. Ti prior t	in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I	
I RE lor on. he lor le perre perre per ene p	Smo	TIFIC					YES NO	YES T	AUSES OF DEATH?
VITA N. Ti hysica hysica ronsul Hyge	18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJU		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PA	ART 2)
ON OF IYSICIA ding ph is certifi buriol-ti	Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	) P.M.	19				
VISION G PHY offending er this the bus	ked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	TURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	WN COUN	NTY STATE
D or or or see of the	mar	100	220.1 certify that X (this hosp	ital) attended the dece	osed from April		, to April 2		, 11101 (1) (110) 1031
TTEN Pritol TOR for u	21 is		sow the deceased alive on above, <b>X</b> (we) (did) (d <b>X X</b>	April 24	19 <b>79</b> , o	nd that in (**X*(our) opinion	death occurred on the de	ate and hour and fro	om the causes stated
OR A e hos ched ched Dept.	Hem		226. SIGNATURE			DEGREE			DATE SIGNED
1, 5 , 0 ,	= = = = = = = = = = = = = = = = = = = =			, ,		ATTENDING PHYSICIAN [	MEDICAL STAI		-24-79
HOSPITAL ned by the FUNERAL uld be detected to the State.	MPORTANT		27d. PHY SICIAN'S NAME (TY	writes	- H. G.	27e ADDRESS	2 C1 H	loanita?	
TO HOSF retained TO FUN should b	M M	230 0	Leo M. Karpel		1234 NAME OF	C/O Marylan	d General H	OSPICAL	
03 BP		230. (	Burial  Burial	4/28/79		Memorial Pk		ore Coun	ty, Md.
DHMH - 16 60M 1/7:	5		INERAL DIRECTOR	D/H 1101	ADDRESS AT	25a. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S ST	IGNATURE
(VR A 15 (4))		W	m. C. March	L/H 1101	ADELS North	a Ave.	000 5 4070	Minte.	And .

Theodore A. Actiging April 24 978 3:55A grad greateless for the court of the court of the initiated intensity their sacrification Selections and 100 F. Mannerse .. William H. - Mc Kingly Aller F. . Mouris 216-24-0015 Akige Me Kirley 1000 N. Monnt S r justinist Carerie Carcinous With Metactacos x April 24 79 xx 79 April 24 79 x c/o 'gruland faneral youngeles! Birth Color Company of the Company of the Baltimore Colors of the

in. C. March 1/R Life H. Horth Ave. April 5 mag 2 Act.

notified of once

injury, or other troumotic

morked or Item 18 shows ony

IMPORTANT: If Item 21 is

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09103

1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND	MENTAL HYGI DEATH	REG.	79	-091	03
1. DE	CEASED NAME FIRST		MIDDLE	1.7	AST		20 DATE OF DEATH	MONTH	DAY YEAR 2	26 HOUR
(TYPE	OR PRINT)	RY VIRO	INIA MO	CKINN	ΕY		4/8/79			M
3. SE		4. RACE		5 DATE O	FBIRTH		6 AGE (IN YEARS LAST B			IF UNDER 24 HRS
	Female	B1ac	k	2 MONTH	18	25	5 4	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	X NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Md.	U.S.A	Α.	WIDOWE		NORCED	City			MD.
10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER IN	NOITUTION	12a USUAL OCCUPA			BUSINESS OR
	Baltimere/	310	)1 Walbı	rook	Avenu	e	heusew	ife		
	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFOR	/N	13d INSIDE	CITY LIMITS?	13e STREET ADDRES 3101 W	albr•	ok Ave.	
14 FA	THER'S NAME				15 MOTHER	S MAIDEN NAM	AE MIDDLE		LAST	
	Frank Fleeks	MIDDLE	LAST			Mamie		er	(MS)	
160 V	VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORM	ANT		RESS		
,	no or unknown) (IF YES, C	SIVE WAR OR DATES)	217 20	6147	Samu	el McK	inney 31	01 Wa	lbrook	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	DUE TO, CO		ENCE OF.  DEATH BUT			INAL DISEASE OR CO	20b. IF YE	VEN IN PART I (o) S, WERE FINDING FYING CAUSES C	GS USED
TE							YES NO		ES	NO 🗌
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	of injury .m. month d .m.	AY YEAR	21c. HOW	njury occurr	RED (ENTER NATURE OF IN	ijury in Item 18, 1	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCAT STREE	ION	CITYOR	IOWN	COUNTY	STATE
	270 I certify that (I) (the the sow the deceased alive above, (I) (matrifield) (did 27h SIGNATURE 27d PHESICIAN'S NIME IN	on Tark	ofter death		DEGREE  22e ADDR  23	ATTENDING PHYSICIAN E	deoth occurred on the	TAFF SICIAN [	ur and from the co	IGNED
23a	BURIAL, CREMATION, REMOV	AL 23b. DATE 4/12/				ernal	23d. LOCATION CITY OR TOWN		md.	STATE
	UNERAL DIRECTOR		ADDRESS			25AP		AR JSh RE	Frankel	mody

1701 Laurens

James A. Metten & Sens

DHMH - 16 50M 1/76 (VR A 15 (4))

	0.67.07		ATREMETY ME	
			Shaff	
	44.17			y ê
			off Tons	4-1-1-1
190	1747	7 7 1 1 1 1	- 4 "	- 1
	70113 E'(T 6	ing		Crank Florin
Recadia	ICLL vocation	O BIAT Sumual No	in to the	0.0
The arty				

1101 E. North Ave.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-09104

REG. NO

aremitting:

- 43/61

249-07-0343 Bishop Den McDuren 1449 M. Fulton

Relations out he diffe H. Halton Av.

Trans. a san rillanto

Suriel A/21/79 Hr. Auburb Cem. Laibimor, C. 11d.

Em. C. March E/H 1101 F. North Ave. APR 1919/9

// 1	FOR - STATE	10a-22a r		DEPARTMENT DICAL EXAM	OF HEALTH	AND MENT		711	7.0	0.0.1	0.0
	REGISTRAR DECEASED NAM (TYPE OR PRINT)	E PRS		MIDDLE	MINER 3	LAST		20. DATE KNOWN	0. NO. 4	DAY YEAR	2b. HOUR
AND THE		Juni	) carras			1eade	Jr.	OF ESTI- DEATH MATED	□ 4	28 1979	M
THE STATE OF THE S	Male	A RACE Black	5. DATE OF BIRTH		(IN YEARS IF UN IRTHDAY) MONTH			21. DATE PRONOUNCED DEAD	MONTH 4	28 <sub>19</sub> 79	2 : 00F
15 Ja	BIRTHPLACE (	STATE OR	76 CITIZEN OF WH	AT COUNTRY?	12	ED NEVER A	MARRIED [	9. BALTIMORE CI	TY OR COUN		The state of the s
M M M M M M M M M M M M M M M M M M M	Md.		U.S.		WIDOW		VORCE <b>DKOK</b>		imore		MD.
8 34	Baltimo	re City	and the same of th	Cours Hos	pital	er institution		JAL OCCUPATION MOST OF WORKING LIFE)		OR INDUS	JSINESS TRY
	SUAL RESIDENCE STATE  Md.	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV ITY	Baltimo	VN	13d. INSIDE CITY LIM	13e STRE	EET ADDRESS B W. Faye	ette St		
14	FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S A	MAIDEN NAME	MIDDLE		LAST	
20	Junius			Mead	Sr.	Mamie		Wils		Mea	d
16	g. WAS DECEASI (YES, NO, OR UNKN Yes		MED FORCES? WAR OR DATES) Nam Confli	ct 216-50		17. INFORMANT  Juniu		Sr. 2228		yette S	t.
AND MENTAL HYGIENE, I	Condition gave in cause (cause	IMMEDIA  Ins, if any, which ise to immediate ) stating the under- use last.	TE CAUSE (a)  DUE TO, OR  (b)	lcoholisi AS A CONSEQUER AS A CONSEQUER	n & Nar	V	N IN PART 1 (a).			BETWEEN ONS	ET AND DEATH
OF HEALTH AND AL, CREMATION, O	190. DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED	?			20. AUTOPSY	'?
		AL CAUSE WAS  G OR ING CAUSE OF		MONTH DAY	YEAR 21c. HO	OW INJURY OCC	CURRED (ENTER N	NATURE OF INJURY IN ITE	M 18 PART 1 OR F	YES X	NO 🗌
	UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	NOT WHILE E		OF INJURY (AT HO) ORY, FARM, ETC.)		CATION		CITY OR TOWN	C	OUNTY	STATE
2	220. I cert death resul ACTUAL SIGNATUSE EXAMINER'S (TYPE OR PR	red from Satu	omas D. St	Shows	Mcide A	Homicide LITLE (SPECIF	FY)		and in my o	ED 4/29/	79
BALTIMORE, MA		TION, REMOVAL	23b. DATE	23c. NAME O	CEMETERY O	R CREMATORY	23d. LO	PCATION OR TOWN			STATE
	Buria		5/2/79	Arbut	us Memo	rial Pa	rk Ar	butus,		Md.	
ME (5))	FUNERAL DIRE		ADDRESS	North Av	P		APR 3	REGISTRAR 151 A	hopy	Melred	7

30185-8:

STATE	OF	MARY	LAP

d DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEP			EALTH AND MENTAL HYGI ICATE OF DEATH	IENE	7.9 REG. NO.	- (	91	07	
		CEASED NAME OR PRINT	HENRY		J		L	MEALS	2a. DATE OF	3	3	6	79	26. HOUR
	3. SEX	Male			nite	6	MONTH 5	F BIRTH  DAY YEAR  - 10 - 16	6. AGE (INYEA	2 yes	YRS	MONTH		HOURS MIN.
1:	CO	RTHPLACE (STATE OR F DUNTRY) nnsylvan			WHAT COUN	MA	RRIEI	NEVER MARRIED	9 BALTIMOR	imore			EAIH	MD.
7.37	10 CI	TY OR TOWN OF DE	ATH 11.	NAME OF I	HOSPITAL, N		ME C	eneral	IZa USUAL O (TYPE OF WORK Mech	CCUPATION FOR MOST OF V	7	LIFE) IN	DUSTRY	of BUSINESS OR  Metal
5	130 S Ma	AL RESIDENCE (IF NUR TATE ryland THER'S NAME	Balti		GIVE RESIDENCE 130. CITY OF	RTOWN	SION)	13d. INSIDE CITY LIMITS?  YES NOX		odress Kathe	eri	ne .	Aver	nue
2		Raymond	MIDD. E		Mea			Mary		C.			Schv	venk
2	NO NO	VAS DECE ASED EVER	(IF YES, GIVE WAR	FORCES?		SECURITY N		Jane F. Me	410 als				e,MD	renue 21221  CAMATE INTERVAL ONSET AND DEATH
H	CERTIFICATION	gove rise to im cause (a), stati underlying caus  PART 2. OTHER SIG	ng the e lost.	(c) K	balow ONTRIBUTIN	IG TO DEATH	BUT	NOT RELATED TO THE TERM	200. AUTO	PSY?	20b. IF	YES, WE	RE FINDI	NGS USED S OF DEATH?
5		21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH		M. MONT	H DAY Y	YEAR	21c. HOW INJURY OCCURR	YES T	NO		YES [		NO []
	MEDICAL	21d. INJURY OCCUI	WHILE	21e PLACE (AT HOME, ST		OFFICE, FARM, E	TC.]	211 LOCATION STREET		CITY OR TOWN	4	C	YTHUO	STATE
1		226. SIGNATURE		3/6/77		19 79		nd that in (my) (our) opinion of DEGREE  HD ATTENDING PHYSICIAN	MEDICAL	d on the dot		hour and	d from the	that (I) (Schoot e couses stated
1		224 PHYSICIAN'S N	JAME (TYPE OR PRI	NTI				SB4H.						
Ì	23a. E	BURIAL, CREMATION SPECIFY) Crema		36. DATE 3/10	79		-	emetery or crematory Mount		timor	e,	COU		yland

DHMH - 16 25M

BP.

(VR A 15 (4) ) 9/74

74 FUNERAL DIRECTOR Duda-Ruck, Inc. Boness 7922 Wise Avenue, Dundalk Wise Avenue, Dundalk,

21222

MAR 1 2 1979

256 REGISTRATUS

79-09-107

STATE OF MARYLAND

80160-51 has seen seems at the an end q • | a 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) DEATH MATED 29 1979 Melton John 2d HOUR DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS. 4. RACE DATE SEX LAST BIRTHDAY) 6:58A YEAR PRONOUNCED **Black** 1979 Male DEAD 29 4 47 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED DIVORCED South Carolina FILED, 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 1400 Blk. E. Chase St. Baltimore City AND 3 TO USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 13b. COUNTY YES 1314 Ensor Street NO L Mo Balto 18. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES 1 AND 2 SH 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST AIDD1E MIDDLE PIRST Vera Bittle Melton John 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John W. Melton 751 Barlett Avenue APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stabwound of chest 301 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, MEDIC CERTIFICATION USED OF HEA 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, OF YES X NO [] 71g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2} HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR MEDICAL 29 19 79 subject stabbed by assailant 2 BOX 4 CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED AT WORK AT WORLE STATE STREET, FACTORY, FARM, ETC.) MD 1400 Blk. E. Chase St., Balto street Autapsy X TOR: Inquiry 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Hamicide X Undetermined manner death resulted from DIREC TITLE (SPECIFY) TO ME. EXECUTE Th. PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, ACTUAL Deputy Chiefedical EXAMINER 4/29/79 SIGNATURE Thomas D. Smith, M.D. 111 Penn St. EXAMINER'S NAME Balto., MD. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 73r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Randallstown King Memorial Park Maryland Burial Liotay McCready 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Avenue NAME Wm C. March F/H VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

DITTE 1-2 ... INSTRUMENTAL PROPERTY OF THE STATE SECTIONS E cm The state of the s Constitution of the contract o

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A 15 (4))

11100-01 The state of the s STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09112

1''	REGISTRAR				CERTII		REG	NO		
	CEASED NAME	FIRST	,	MIDDLE	100	LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
TITPE	OR PRINT	Earl	Arte	eamus	Midd	lleton	April	2	9.1979	
3. SE	Х		4 RACE	- 174	5. DATE		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	Male		White	9	Feb	. 10°, 19°20	59	YRS.	MONTHS DAYS	HOURS M
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8		9. BALTIMORE CIT		Y OF DEATH	
	ryland		U.S.	Α.	WIDOW	DIVORCED	Baltin	ore C	itv	
10 C	ITY OR TOWN OF	DEATH			ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUP	ATION	12b. KIND (	OF BUSINESS
B	altimor	'e	3824	Leaden		Street	Painter	STOP WORKING I	of F	lomes
13a. S	al RESIDENCE (IF STATE aryland	13b COUN		GIVE RESIDENCE BEFF	WN	134 INSIDE CITY LIMITS?	13e. STREET ADDRES	s Pulas		
_	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME		7.1	
	Fred		AIDDLE	Middlet	on	Ida	WIDDE		S'n	ith
16a V	WAS DECEASED E	VER IN U.S. AR	MED FORCES?	A COUNTY OF THE PARTY OF THE PA		17 INFORMANT		DRESS		
	NO	1 1 100,011	THE GREATEST	213-12	2-4400	Ann Middle	ton 382	4 Lea	denhal	1 Str
	IA CAUSE OF D	FATH Enter on	ly one couse per	line far (a), (b), (	and ici				APPROX	MATE INTERVAL
	Canditions, if gove rise to cause (a),	immediate toting the	(b)_	r as a conseq r as a conseq			9	-		
NOI	gove rise to cause (a), s underlying c	immediate stating the ouse last.	DUE TO, OI	R AS A CONSEQUENT ON TRIBUTING TO	DUENCE OF	NOT RELATED TO THE TERM		P	lun	
TIFICATION	gove rise to cause (a), s underlying c	immediate stating the ouse last.  SIGNIFICANT (	DUE TO, OI	R AS A CONSEQ DINTRIBUTING TO 2 CASTMA	DUENCE OF			20b. IF YE	IVEN IN PART TO	NOS USED
CAL CERTIFICATION	gove rise to cause (a), s underlying compart 2. OTHER	immediate totaling the ouse last.  SIGNIFICANT (  CERATION  SUNDERLYING CAUSE OF DEA	DUE TO, OI  CONDITIONS CC  196 CONDI	DNTRIBUTING TO	DUENCE OF  DEATH BUT  SCHOPERATIO	216. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NOS USED S OF DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER  PART 2. OTHER  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (FETHER NOTIFY)  21d. INJURY OC	immediote couse lost.  SIGNIFICANT (  COUSE LOST.  SIGNIFICANT (  COUSE OF LOST.  COUSE OF DEA MEDICAL EXAMINER)  CURRED  OT WHILE   — If WORK	DUE TO, OI  (c)  ONDITIONS CO  19b CONDI  TH 21b. TIME O HOUR A. P.  21e. PLACE ( AT HOME, STR	PR AS A CONSEQUENT OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE	DUENCE OF  D DEATH BUT  S C  H OPERATIO  DAY YEAR  19	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y NJURY IN ITEM IB.	ES, WERE FINDI IFYING CAUSES (ES	NOS USED S OF DEATH? NO
CAL	gove rise to couse (a), sunderlying of underlying of part 2. OTHER S/P (2) 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OC WHILE AT WORK NOTIFY (2) 22a.1 certify the saw the de above. (I) (V)	immediate totoling the ouse last.  SIGNIFICANT (  CONTROL  SUNDERLYING   CONTROL  AUSE OF DEA MEDICAL EXAMINER) CURRED  OT WHILE    OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE   OT WHILE    OT WHILE   OT WHILE    OT WHILE    OT WHILE   OT WHILE     OT WHILE     OT WHILE    OT WHILE      OT WHILE     OT WHILE	DUE TO, OI  (c)  ONDITIONS CO  19b CONDI  TH 21b. TIME O HOUR A. P.  21e. PLACE ( AT HOME, STR	PR AS A CONSEQUENT OF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OFFICE e deceased from	DUENCE OF  DEATH BUT  S C  H OPERATIO  DAY YEAR  19  E, FARM, ETC.)	211. HOW INJURY OCCUR 211 LOCATION STREET 21 ond that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF I	20b. IF YE IN CERT Y NJURY IN ITEM IB.	ES, WERE FINDI IFYING CAUSES (ES	NOS USED OF DEATH? NO STATE
CAL	PART 2. OTHER  S/P  19a DATE OF OP  21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. INJURY OC WHILE AT WORK  22a. I certify the saw the de above, (I) (V  22b. SIGNATURE	immediate totating the ouse lost.  SIGNIFICANT (  CAUSE OF DEA  MEDICAL EXAMINER)  CURRED  OT WHILE   of (I)	DUE TO, OI  (c)  (c)  (c)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	PR AS A CONSEQUENT OF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OFFICE e deceased from	DUENCE OF  DEATH BUT  S C  H OPERATIO  DAY YEAR  19  E, FARM, ETC.)	211 LOCATION 211 L	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF I	20b. IF YE IN CERT YOUNG TOWN  2 2 ( e dote and ho	ES, WERE FINDI IFYING CAUSES (ES D) PART 1 OR PART 2)  COUNTY  Jur and fram the	STATE  that (in)(we)  couses statec  SIGNED
MEDICAL	gove rise to couse (a), underlying of underlying of part 2. OTHER  21a. ACCIDENT WA OR CONTRIBUTING (IF ETTHER. NOTIFY)  21d. INJURY OCCUPATION OF CONTRIBUTING (IF ETTHER. NOTIFY)  22a. I certify the saw the depaper. (I) (V)  22b. SIGNATURE  22d. PHYSICIAN	SUNDERLYING SUNDERLYING ALLS COURRED OUT WHILE ALLS OF ILL WORK  STANKE (TYPE O	DUE TO, OI  CONDITIONS CO  19b CONDI  19b CO	ONTRIBUTING TO	DUENCE OF  DEATH BUT  S C  TH OPERATIO  DAY YEAR  19  E, FARM, ETC.)  ATTICLE  29.0	211. HOW INJURY OCCUR  211. LOCATION STREET  213. 19_9  and that in my (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 228. ADDRESS  BCRC / V	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF I  CITY OR  to Apparent of the control	20b. IF YE IN CERT YOUNG TOWN  2 2 Ce dote and ho	ES, WERE FINDI IFYING CAUSES (ES	STATE  that (I)(we) couses statece SIGNED
WEDICAL 230. E	gove rise to couse (a), underlying of underlying of underlying of the couse (a), underlying of the couse (a), and the couse (b) and the couse (c) and the co	SUNDERLYING SUNDERLYING CAUSE OF DEAMEDICAL EXAMINER) COURRED OT WHILE STATE OF THE	DUE TO, OI  CONDITIONS CO  19b CONDI  19b CO	ONTRIBUTING TO	DUENCE OF  DEATH BUT  SC  HOPERATIC  DAY YEAR  19  E, FARM, ETC.)  ATTICL  C, NAME OF C	211. HOW INJURY OCCUR  211. LOCATION STREET  211. LOCATION STREET  ATTENDING PHYSICIAN [ 222. ADDRESS	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF I  CITY OR  MEDICAL DIRECTOR PHY  NO. OF PHY  1234. LOCATION CITY OR TOWN	20b. IF YE IN CERT YOUNG TOWN  2 2 (  e dote and had to the size of the size o	COUNTY  ES, WERE FINDI IFYING CAUSES (ES   COUNTY  COUNTY  22C. DATE  4-3  COUNTY	STATE  that (I) (we) couses state  SIGNED

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or attending physician.

5/120-01 was a second of the second of notified of onc

## FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-09113

	, -	REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.	-031	1 0	
		CEASED NAME FIRST OR PRINT) Sophi		MIDDLE	Mied	zkewski	April	18, 197	DAY YEAR	26 HOUR	м
	3 SEX	Female	4. RACE White		S DATE O	5. 27° 1908	6 AGE IN YEARS LA		IF UNDER 1 YEAR	HOURS M	HRS MIN
5		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE C	ore City			MD.
0		TY OR TOWN OF DEATH  Baltimore		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCU	UPATION  STOF WORKING LIE		F BUSINESS	OR
3	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TAKE 136 COL	OR OTHER INSTITUTION. JINTY	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO -	134 STREET ADDR	mona Ave			
×		THER'S NAME Anthony	WIDDLE	Borusiev	viez	15. MOTHER'S MAIDEN NA Michelena	ME	DIE	Kurowa	ki	
	16a V	VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 212-46-8		17 INFORMANT Karolyn Sei		Ramona A	ve.		
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (a)	Acute V		andial Ita	rctusi		BETWEEN O	MATE INTERVAL ONSET AND DE	ATH_
		Conditions, if any, which gave rise to immediate cause 10, stating the underlying cause last.	(b)	R AS A CONSEQUE	clero	tic Heart	Disease		14		
	NOI	PART 2 OTHER SIGNIFICANT	Dialel	- 6	EATH BUT	NOT RELATED TO THE TERM			EN IN PART 1	a)	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDING YING CAUSES		
1	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EAIH		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 18, P	PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	:

CITY OR TOWN

(aur) opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

226. SIGNATUR DEGREE

PHYSICIAN 22e ADDRESS

ATTENDING MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on the body after death abave, (I) (we) (did) (did not) view the body after death

5214 Harford Road Baltimore, Md.

Jaime M. Punzalan, M.D. 230 BURIAL, CREMATION, REMOVAL Burial April 21,1979

231 NAME OF CEMETERY OR CREMATORY Holy Rosary

23d. LOCATION CITY OF TOWN

Baltimore

Maryland

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

APR 1970

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any

and Mental Hygiene

for use as i

should be detoched with the State Dept.

E1130-0

0.411-0					
	t of Errol		ool-	eli	
		-0.0F		97.2178	U.Campil.
7,7	K samurin			0 0	America.
			ona five.	cel. 2751	O'T O B de Con Pos
. 8%.	Set I Banana .		in operation		Maryland
22500		#d3InpGI		oë.	10007m
.07%		Alex micrae			
. DA LETTE	netano neci di	mini als		. L. BERTHAN	° ,.

Lacrated J. Suce, Inc. Salabatte, Mary Land

DHMH - 16 50M 7/77 (VR A 15 (4))

Retired 8 & 0 RR 13e. STREET ADDRESS 107 S. East Ave. 21224 15. MOTHER'S MAIDEN NAME MIQQLE Livinoston ADDRESS Mrs. Ruth M. Pudlin, 107 S. East Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONGESTIVE HEART FAILURE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE APRIL 79 , and that in (my) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CHURCH HOSPITAL CORPORATION 100 N. BROADWAY, BALTIMORE, MD 23d LOCATION STATE Burial 4/12/79 Loudon Park Cemetery Baltimore, Maryland Edmondson Ave., Catonsville. MO250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Witzke Funeral Home, of Catonsville, P.A. 212

79-09114

IF UNDER 1 YEAR

2b. HOUR

12b KIND OF BUSINESS OR

10:30

IF UNDER 24 HRS

20. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

17a. USUAL OCCUPATION

90

APRIL 9, 1979

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

1.80-8				
	9901 35	.091		
			A 2 U	
			Chuce	Relations
THE S. Cout Dogs . SATEA		Josephiote -		bretyzeń
GMT-gatuta.				Toppor
Personal of The sales	A STORY WAR	ELECATION IN		
and the last of	yanı a 2 sini	noticed 177	2/12	in lauft

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR TYPE OF PRINTS Barbara Miller April 12th. 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYFAR MONTH YEAR HOURS Female White 1892 Marr 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Poland Baltimore City WIDOWED TO DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 4006 Moravia Road Baltimore Tailoring Seamstress BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY HMITS? Maryland Baltimore 4006 Moravia Road YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Carol Bialek Kunegunda Czyziow 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES No Helen Kowalewski- 4006 Moravia Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA DIVISION OF VIT AL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF LEFT CEREBROVASCULAR ACCIDENT Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 0 OBDOMINAL ADHESIONS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ABDOMINAL ADHESIONS NOI YES [ NO F Mental Hyg 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK JUNE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an. , and that in (my) (own) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did et) view the body after death 226.SIGNATURE DEGREE 22¢ DATE SIGNED MEDICAL STAFF FUNERAL MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be MARION C. KOWALEWSK 23a BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY (SPEC IFY) 4/16/79 Burial St. Stanislaus Cemet. Baltimore City. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE DHMH-16 60M 1/73 (VR A 15 (4)) George A. Weber & Sons Inc. - 705 S. Ann St.

61:00-01:

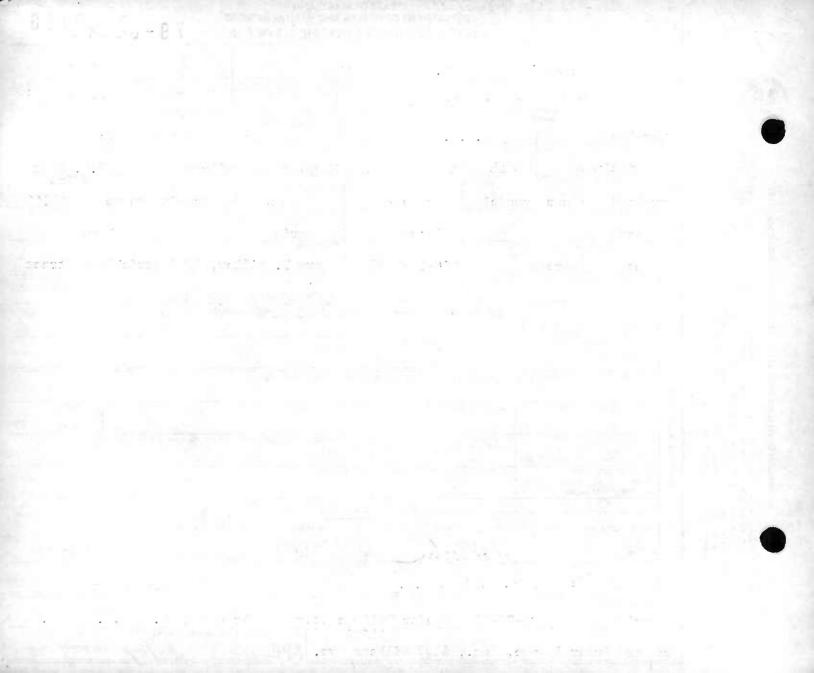
TITE

2 45 m 40 . P . M 10 24 2 1 10 10 12 2 3

STATE OF MARYLAND

11189-81 Janyan and the state of the sta marke the season of the little of the little of APRIL DE MATERIAL DE MARIE DE MARIE

1.00	REGISTRAR CEASED NAM	E FIRST	N	MIDDLE EXA	WINEK 2	CERTIFICATE		7 9 NO. 0 S		la company
	PE OR PRINT)						OF	NOWN X MON		2b. HOUR
3. SE	·	Frank	S. DATE OF BIR	D.		Lller NDER 1 YR. IF UNDE	DEATH A	MATED 4		M M
	Male	White		AY YEAR LAS	T BIRTHDAY   MONT		R 24 HRS. 2c. DATE  MIN PRONOUNC  DEAD		22 1979	1:30 A M
76. B	IRTHPLACE (S	TATE OR		WHAT COUNTRY?	10	RIED NEVER MAR	9. BALTIMO	RE CITY OR COL		
100	lary lan	d	U	.S.A.		WED DIVOR	D 1 1	imore Ci	ty,	MD.
10. C	ITY OR TOWN	OF DEATH	11. NAME OF H	OSPITAL, NURSING		HER INSTITUTION	12a. USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WOR	OR INDUS	USINESS
3	Balt	imore /				Hospital	Mailman		U.S. P	
	AL RESIDENCE	(IF IN NURSING HOM	E OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	e	Offic	
de la	ryland		Arundel	Pasade		YES NO S			ue 2	1122
-	ATHER'S NAME					IS. MOTHER'S MAIL				
40	Jacob		WIDDLE	Mille:	r	Doris	WIDI	DLE	Noyes	
16a. \		DEVER IN U.S. A	ARMED FORCES?	166 SOCIAL SI		17. INFORMANT		ADDRESS	2.0)00	
	Yes	Kore	ve war or dates)	220-30	-1795	Mary K.	Miller, 29	06 Stric	kland St	reet
	18 CAUSE C	F DEATH (Enter	anly ane cause per	line far (a), (b), and			•		APPROXIMA	TE INTERVAL
	PARTIDE	ATH WAS CAUS	SED BY:	lemorrhagi	c gastr	itis and a	cute ethyli	sm with	BETWEEN ONS	SEI AND DEATH
	533	3 3 IMMEDI								
				OR AS A RONSEQU	RDEKST T.	erminal as	piration of	DTOOG		
		ns, if any, which	ch		KNEKST TO	erminal as	piration of	DIOOG		
1	gave ri cause (a	se to immedia	ch ite (b)	OR AS A CONSEQU		erminal as	piration of	DIOOG		
	gave ri	se to immedia	ch ite (b) er- DUE TO,			erminal as	piration of	. blood		
	gave ri cause (a lying cau	se to immedia stating the under use last.	ch (b)	or as a Consequ	ENCE OF		· /	, p100d		
NO	gave ri cause (a lying cau	se to immedia stating the under use last.	ch (b)	or as a Consequ	ENCE OF	erminal as	· /	. b100d		
ATION	gave ri cause (a lying cau	se to immedia stating the under use last.	ch the (b)  PT- DUE TO, (c)  NS CONTRIBUTING TO OR	or as a Consequ	ENCE OF THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN P	· /	. DIOOG	20. AUTOPS	1?
IFICATION	gave ri cause (a lying cau	se to immedia stating the <u>under</u> use last.	ch the (b)  PT- DUE TO, (c)  NS CONTRIBUTING TO OR	OR AS A CONSEQU	ENCE OF THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN P	· /	DIOOG		
SERTIFICATION	gave ri cause (a lying caus)  PART 2 OTHER SI  19a. DATE OF	se to immedia stating the under und	ch (b) DUE TO, (c) NS CONTRIBUTING TO DE 21b. TIME	OR AS A CONSEQUENT OF INJURY	THE TERMINAL DISEASE H OPERATION W	SE OR CONDITION GIVEN IN P	· /		YES 🙀	/? NO []
AL CERTIFICATION	gave ri cause (a lying caus)  PART 2 OTHER SI  19a. DATE OF	se to immedia stating the under und	ch (b) DUE TO, (c) NS CONTRIBUTING TO DE 21b. TIME	OR AS A CONSEQUATE SUT NOT RELATED TO  ADITION FOR WHICH  OF INJURY  A.M., MONTH DAY	THE TERMINAL DISEASE H OPERATION W YEAR 21c. H	SE OR CONDITION GIVEN IN P	ART 1 (o).		YES 🙀	
EDICAL CERTIFICATION	gave ri cause (a lying caus)  PART 2 OTHER SI  19a. DATE OF	SE to immedia stating the under use last.  GNIFICANT CONDITIO  OPERATION  AL CAUSE WAS  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Ch (b) DUE TO, (c) NS CONTRIBUTING TO DE CONTRIBUTI	OR AS A CONSEQUENT OF INJURY  A.M. MONTH DAY  P.M.  CE OF INJURY  (AT P. M.)	THE TERMINAL DISEAS  H OPERATION W  YEAR  19  19  19  19  19  11  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	SE OR CONDITION GIVEN IN P  VAS PERFORMED?  OW INJURY OCCURR  OCATION	ART 1 (0).  ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OF	YES 🔀	NO []
MEDICAL CERTIFICATION	gove riccuse (o lying cause) PART 2 OTHER SI  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (	SEE to immedia stating the under size last.  GNIFICANT CONDITION  OPERATION  AL CAUSE WAS OF CAUSE OF	Ch (b) DUE TO, (c) NS CONTRIBUTING TO DE CONTRIBUTI	OR AS A CONSEQUANT NOT RELATED TO NOTION FOR WHICH	THE TERMINAL DISEAS  H OPERATION W  YEAR  19  19  19  19  19  11  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	SE OR CONDITION GIVEN IN P VAS PERFORMED? IOW INJURY OCCURR	ART 1 (a).	RY IN ITEM 18 PART 1 OF	YES 🙀	
MEDICAL CERTIFICATION	gove riccuse (o lying cause) PART 2 OTHER SI  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	GNIFICANT (ONOITIO	Ch (b) (b) (DUE TO, (c) (C) (DUE TO, (c) (DU	OR AS A CONSEQUANT NOT RELATED TO NOTION FOR WHICH OF INJURY A.M. MONTH DAY P.M. CE OF INJURY (ATHERACTORY, FARM, ETC.)	THE TERMINAL DISEASE H OPERATION VI  YEAR 19 HOME, 216 LC	SE OR CONDITION GIVEN IN P VAS PERFORMED? IOW INJURY OCCURR DCATION STREET	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OF	YES 😡	NO []
MEDICAL CERTIFICATION	gove ricovse (o lying case) PART 2 OTHER SI  19a. DATE OF  21a EXTERN, UNDERLYING CONTRIBUTI 71d. INJURY ( WHILE AT WORK  22a. I certii	SE to immedia stating the under size last.  GNIFICANT (ONOITIO)  OPERATION  AL CAUSE WAS GOOD OR CAUSE OF CAUSE	IP DE ATH  21b. TIME HOUR  21b. TIME HOUR  21c. PLA  STREET,  arge of the remains	OR AS A CONSEQUANT SUT NOT RELATED TO  ADITION FOR WHICH  OF INJURY A.M. MONTH DAY P.M.  CE OF INJURY FACTORY, FARM, ETC.)  described above, he	THE TERMINAL DISEASE OPERATION W  YEAR 19 21c. H 19 10me, 21f. LC	VAS PERFORMED?  OW INJURY OCCURR  OCATION  STREET	ED (ENTER NATURE OF INJUR  CITY OR TOWN	RY IN ITEM 18 PART 1 OF	YES 😡	NO []
MEDICAL CERTIFICATION	gove riccuse (o lying cause) PART 2 OTHER SI  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	SE to immedia stating the under size last.  GNIFICANT (ONOITIO)  OPERATION  AL CAUSE WAS GOOD OR CAUSE OF CAUSE	Ch (b) (b) (DUE TO, (c) (C) (DUE TO, (c) (DU	OR AS A CONSEQUANT NOT RELATED TO NOTION FOR WHICH OF INJURY A.M. MONTH DAY P.M. CE OF INJURY (ATHERACTORY, FARM, ETC.)	THE TERMINAL DISEASE H OPERATION VI  YEAR 19 HOME, 216 LC	SE OR CONDITION GIVEN IN P VAS PERFORMED? IOW INJURY OCCURR DCATION STREET	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OF	YES 😡	NO []
MEDICAL CERTIFICATION	gove ricovse (o lying case) PART 2 OTHER SI  19a. DATE OF  21a EXTERN, UNDERLYING CONTRIBUTI 71d. INJURY ( WHILE AT WORK  22a. I certii	SE to immedia stating the under size last.  GNIFICANT (ONOITIO)  OPERATION  AL CAUSE WAS GOOD OR CAUSE OF CAUSE	IP DE ATH  21b. TIME HOUR  21b. TIME HOUR  21c. PLA  STREET,  arge of the remains	OR AS A CONSEQUANT SUT NOT RELATED TO  ADITION FOR WHICH  OF INJURY A.M. MONTH DAY P.M.  CE OF INJURY FACTORY, FARM, ETC.)  described above, he	THE TERMINAL DISEASE OPERATION W  YEAR 19 21c. H 19 10me, 21f. LC	SE OR CONDITION GIVEN IN P  VAS PERFORMED?  OW INJURY OCCURR  STREET  OSY Momicide TITLE (SPECIFY)	ED (ENTER NATURE OF INJUR  CITY OR TOWN	RY IN ITEM 18 PART 1 OF	YES Q	NO
MEDICAL CERTIFICATION	gove ricause (a lying cause) PART 2 OTHER SI  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a I certical death result	SE to immedia stating the under size last.  GNIFICANT (ONOITIO)  OPERATION  AL CAUSE WAS GOOD OR CAUSE OF CAUSE	IP DE ATH  21b. TIME HOUR  21b. TIME HOUR  21c. PLA  STREET,  arge of the remains	OR AS A CONSEQUANT SUT NOT RELATED TO  ADITION FOR WHICH  OF INJURY A.M. MONTH DAY P.M.  CE OF INJURY FACTORY, FARM, ETC.)  described above, he	THE TERMINAL DISEASE OPERATION W  YEAR 19 21c. H 19 10me, 21f. LC	VAS PERFORMED?  OW INJURY OCCURR  DOCATION  STREET  DOSY  Hamicide	ED (ENTER NATURE OF INJUR  CITY OR TOWN	RY IN ITEM 18 PART 1 OF	YES Q	NO
	gove riccuse (o lying cause)  PART 2 OTHER SI  19a. DATE OF  21a EXTERNI UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a I certi death result  ACTUAL SIGNATURE.	SE to immedia stating the under size last.  GNIFICANT CONDITION  OPERATION  AL CAUSE WAS SIZE OR CAUSE OF CAUSE	INS CONTRIBUTING TO DE CONTRIBUTION TO DE CONTRIBUT	ATH SUT NOT RELATED TO  NOTION FOR WHICH  OF INJURY A.M. MONTH DAY P.M. CE OF INJURY (ATP FACTORY, FARM, ETC.)  described above, he  Accident	THE TERMINAL DISEAS  H OPERATION W  YEAR  19  19  10ME, 21f LC  Suicide	VAS PERFORMED?  OW INJURY OCCURR  OCATION STREET  Homicide  TITLE (SPECIFY)  A.D.  Chief	ED (ENTER NATURE OF INJUR  CITY OR TOWN  Undetermined mani	RY IN ITEM 18 PART 1 OF	YES Q	NO
2-	gove riccuse (o lying cause)  PART 2 OTHER SI  19a. DATE OF  21a EXTERNA UNDERLY INC CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	SE to immedia stating the under stating the under size last.  GNIFICANT CONDITION  OPERATION  AL CAUSE WAS GOOD CAUSE OF	IP DEATH  21b. TIME HOUR STREET,  arge of the remains tural causes  E11 S. F:	ATH SUT NOT RELATED TO  NOTION FOR WHICH  OF INJURY A.M. MONTH DAY P.M. CE OF INJURY (ATP FACTORY, FARM, ETC.)  described above, he Accident,  Lisher, M. I	THE TERMINAL DISEASE H OPERATION W  YEAR 19 21c. H 19 10ME, 21f LC	OW INJURY OCCURR  OCATION STREET  Hamicide  TITLE (SPECIFY)  A.D. Chief	ART 1 Io).  ED (ENTER NATURE OF INJUR  CITY OR TOWN  Undetermined manuments)  MEDICAL EXAMIN	RY IN ITEM 18 PART 1 OF	YES Q	NO
5-	gove riccuse (o lying cause)  PART 2 OTHER SI  19a. DATE OF  21a EXTERNA UNDERLY INC CONTRIBUTI 21d. INJURY ( WHILE AT WORK  22a. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	SE to immedia stating the under size last.  GNIFICANT CONDITION  OPERATION  AL CAUSE WAS SIZE OR CAUSE OF CAUSE	IP DEATH  21b. TIME HOUR STREET,  arge of the remains tural causes  E11 S. F:	ATH SUT NOT RELATED TO  NOTION FOR WHICH  OF INJURY A.M. MONTH DAY P.M. CE OF INJURY (ATH FACTORY, FARM, ETC.)  described above, he Accident,  Lsher, M. I  23c. NAME	THE TERMINAL DISEAS  H OPERATION W  YEAR  19  19  10ME, 21f LC  d an Autop  Suicide   N  OF CEMETERY C	OW INJURY OCCURR  OCATION STREET  Hamicide  TITLE (SPECIFY)  A.D. Chief	ED (ENTER NATURE OF INJUR  CITY OR TOWN  Undetermined mani	ner	YES Q	NO



## STATE OF MARYLAND 79-19119 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH YEAR 7h HOUR (TYPE OR PRINT) E. ESTER . 50 AM 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Feb. 5, 1896 YEAR White Female Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania MORE WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Sinai Hospital Salesperson Retail Store Baltimore MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION; 13b COUNTY Baltimore 134 INSIDE CITY LIMITS? 13e STE 2080 Pimlico Road bloo Maryland YES K NO [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME N MIDDLE LAST puo Boyer Samuel ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 6206 Pimlico Road 30 4793A Lerov E. Miller APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE monary Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ iol-tronsit ntol Hygie 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL or Item ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 d Mer 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. | certify that (I) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth AL detoche. 226 SIGNATURE DEGREE 22c DATESIGNED He ATTENDING MEDICAL + be deto PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME FUNE 22e. ADDRESS d b MPORT JUAN 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL ZIB DATE 23d. LOCATION STATE (SPECIFY Burial Millers Cemetery Millers April Carroll Co. 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 APR (VRA 15 (4)) 3631 Falls Rd. 21211 Burgee Funeral Home

enrich under John saint 20 Millione Caractery Harm warrend to. Ed.

21133

8728 Liberty Road Randallstown, Md.

DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4) 7/78

STATE OF MARYLAND

13/20-21

and the state of t AND ADMINISTRATION OF THE PROPERTY OF THE PARTY OF THE PA had den our addit.

79-09123 Tight & all of Law man, and I st age Experience of the second of th Fred Market Control of the State of the Stat

		1-	FOR STATE REGISTRAR		Dep	ARTMENT OF	E OF MARYL IEALTH AND ICATE OF I	MENTAL HY	GIENE 7	9-0	91	24	
		1 DEC	EASED NAME FIRS	T	MIDDLE		LAST		Za. DATE OI	REG. NO	ONTH	DAY YEAR	26. HOUR
\$ f		(TYPE	LEE	FORES'	TER	MISKIN	ION				4	9 79	7:15P <sub>M</sub>
		3 SEX		4 RACE		S. DATE (		YEAR	6 AGE (INY	EARS LAST BIRTHI	DAY)	MONTHS DAY	
			MALE	W	HITE	03	27	23°		56	YRS.		
once.			RTHPLACE ISTATE OR FOREIGN		F WHAT COUN	MARRIE	NEVER	MARRIED [	9 BALTIMO	RE CITY OR	COUNT	Y OF DEATH	
5			LTIMORE, MD.			WIDOW		NORCED		IMORE,			MD.
	23	BA	LTIMORE	LOCH	RAVEN.	MEDICAL	CENTER			OCCUPATION FOR MOST OF			O OF BUSINESS OR RY
must be	30		L RESIDENCE (IF NURSING NO TATE 106 (	ME OR OTHER INSTITUTE	ON, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE C	NO [	13e. STREET 7936	ADDRESS BRIDGE	E AVE	ENUE. B	BALTO., MD.
xaminer	200	14. FA	THER'S NAME FIRST Lee	MIDDLE	Miskim			S MAIDEN NA FIRST Naioma		MIDDLE		Robins	LAST
medical e			AS DECEASED EVER IN U.	S. ARMED FORCES	? 166 SOCIAL	SECURITY NO.	17. INFORMA	ANT		ADDRES	S		
	1			S, GIVE WAR OR DATES)	216 1	2 2907	Mrs.L	ee F. M	iiskimp	n 7936	Bri	ldge Av	re.21237
			18 CAUSE OF DEATH (En	ter only ane cause p	per line for (a), (	b), and (c).)						BETWEE	OXMATE INTERVAL EN ONSET AND DEATH
event, the	(F)		PART I. DEATH WAS C	AUSED BY EDIATE CAUSE (a)_	RESPIR	ADDRY NO	IREST					22	OMN.
ury, ar ather tr		7	gave rise to immedia cause (a), stating the underlying cause la	DUE TO,	OR AS A CON-	G TO DEATH BUT	NOT RELATED	/	2	E OR COND	INON G	VEN IN PART	O YR.
ne priar ta ws any inju		CERTIFICATION	190 DATE OF OPERATION	11 40 1110	URG NDITION FOR W	VHICH OPERATION	- 11110	URE C	20a AUT	OPSY?		ES, WERE FINI	SES OF DEATH?
tem 18 shows	4	RTIF					In wow s		YES 🗌	NO		res 🗌	NO 🗆
00	9		71a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONT			NJURY OCCUR	KEU (ENTER NA	ATORE OF INJURY	IN IIEM 18,	, PART LOR PART 2	
or Item		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED		P.M. E OF INJURY	19	21f LOCATI	ION					
		ME	WHILE NOT WHILE T	(AT HOME.	STREET, FACTORY, C	OFFICE, FARM, ETC.)		LOCH E	RAVEN E	CITY OR TOWN		ro. MD	21218
5 marked			22a.1 certify that X (this	haspital) attended	the deceased	from 4-			, to4	-9-		19 79	_, that X1 (we) last
			276.1 certify that (** (this hospital) attended the deceased from 4-1 , 1979 , to 4-9- , 1979 , that (** (we) last saw the deceased alive on 4-9 , 1979 , and that in ***) (aur) opinion death accurred on the date and hour and from the causes stated obove. (** (we) (did) (****) (we) the body after death.										
T: If Item			Sevel 7	- Imm	an W	nQ.	DEGREE	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAF	IAN	4/	9/79
with the State D.	1		220. PHYSICIAN'S NAME	TYPE OR PRINT)  MORI	W M	D.	22e ADDRE	SS H RANG	VA	HOSPI	on	Br	n TO MO.
w W		23a. B	URIAL, CREMATION, REM	DVAL 236. DATE		23c. NAME OF	EMETERY OR	CREMATORY	23d LOC	ATION		COUNTY	STATE
		(:	Burial	04,	/13/79	Holly	Hills		CHYC	OK TOWN		Balto.	Md.
/77		24 FL	INERAL DIRECTOR		ADDR				TE REC'D. BY I		tion	trail 1	Britishy
			Walter Dabro	wski	1005 D	undalk A	venue	APF	1 0 13	79	0 1	/	

79-68154	Manufacture of the second	
	поможент дамаком.	
	CE TE CO STEEL	A STATE OF THE STA
PALOTHERIES, CITY		.uu.rrau., Hu.
	todi myen, takitak cantin	anordy Jvii
Ters egrees Aver's, while., we		WATERAN:
and thek	emoles contrals 5	
s in a 79 to 18 to 1971	T 200 12 2901   Mrs. Me F. 41	
Mir give., atrav., no. 1703	At their egel	
the system	04/10/79 411/15	ininud
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1950 Donadalky Avenue	miles Dancous

Wm. C. March F/H 1101 E. North Ave

may be

executed within 24 hours ofter

ATTENDING PHYSICIAN: The low

led by the hospital or attending physician

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH CERTIFICATE		REG. NO. 9	1-09127
	ECEASED NAME FIRST	LLEN MC	DIS PA	w.	20 DATE OF DEATH MONTH	7 1979 7 A
3 SE	Female	4 RACE White	5. DATE OF BIRTH	OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MI
5/2	SURTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED N	DIVORCED	9. BALTIMORE CITY OR COU	more lety.
10.0	Saltiment	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE 1113 B Haver	REET ADDRESS)	R INSTITUTION	170 VOUL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS INDUSTRY  HOSPITAL
	JAL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	NTY ISCORTS		SIDE CITY-LIMITS?	13. STREET ADDRESS	r will Rd
in	ATHER'S NAME VIIIAM CA	CAUFORD MY	RRTIN	THER'S MAIDEN NAMED IN THE PROPERTY OF THE PRO	44 HIXO	N, LAST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES) 166 SOCIAL SE		COBENT M	1 MARAY9hA	703 5 WOUDING BALTO. 21229
	PART I. DEATH WAS CAUSE	aly one couse per line for (o), (b), DBY: TE CAUSE (o)  DUE TO, OR AS A CONSE( (b)	OUENCE OF	ma-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA MINISTER MINIS
	cause (a), stoting the underlying couse last.	DUE TO, OR AS CONSECUTIONS CONTRIBUTING 1	anus Ce	LATED TO THE TERM	Jeft Sure	GIVEN IN PART 1(a)
TION	Feelm	conary Es		ure-		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	OF OPERATION WAS	PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO}
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		OW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEA	A 18, PART T OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		OCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an abave, (1) (we) (did) (did no	tal) thended the deceased fro	ond that i		deoth occurred on the dote and	thour and from the couses stated
	ally au	dolugio	and	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	77c DATE SIGNED
	ALE SAND RO	Melia M	0 19	DDRESS POD Seclel	www.	ed 21227
73a	BURIAL CREMATION, REMOVAL REMOVAL	4-27-79	SE NAME OF CEMETER	Y OR CREMATORY	THE TOCATION CITY OF TOWN	COUNTY STATE
24.1	FUNERAL DIRECTOR	Water	1000	25g PAV	EREC'D. BY REGISTRAR 255 PE	GISTPAR'S SCHAPURE

IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral handle be directly for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72, with the State Deat, of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 50M 7/77 (VR A 15 (4)) Anatomy Board of Md.

Balto., Md.

19/9 MAY 2

12150-6-

FOR

must be notified at once.

medical examin

within 24 hours ofter death

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00178 70

9	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	9-03	1 4 0	
i		CEASED NAME FIRST	MIDDLE	1	LAST		MONTH DAY	YEAR	26. HOUR
	(ITE	KENN	ETH L.	MO	LER Sr.		04 21	79	11 08 AM
	3. SEX		4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) # UNI		IF UNDER 24 HRS
		Male	(aucas	ian 05	07 1911	67	YRS.	DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	Territoria	EATH	
?		My	0-514	WIDOWE	DIVORCED	Bal	lunare	a	MD.
9		Baltimore		GIVE STREET ADDRESS)	Gen. Hosp	TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	DUSTRY	ngency ment
5	USUA 13a S			ENCE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	211	2100	aple
	I4 FA	THER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA/	ME MIDDLE		e LAST	
1		Theolore	Middle	COLER	Kather			401	nes.
5	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRE			
4		NO	7/1	2092277	PATIEN	AS	ABOV		
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per line to	oligi and tell		1.0 0	00-	APPROXIM BETWEEN OF	NATE INTERVAL
			TE CAUSE (a)	mune	y colema,	bilale	at the	eu	
	24	410-	DUE TO, OR AS A CO	ONSEQUENCE	1	11:	1-1		
		Canditions, if any, which	(b)	~ and	- myoran	deal in	your	-	
		cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF	my them	bois &	left on	ten	
	NOI	PART 2. OTHER SIGNIFICANT (	Conditions <u>Contribu</u>	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART (a)	
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH DPERATIO	WAS PERFORMED	20€ AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES		
Ī	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 C	OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	.,,,,	NTH DAY YEAR	In the second				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION STREET	CITY OR TOV	und CC	DUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTO	KT, OFFICE, PARM, ETC.)		CITOXIO		701411	STATE
	1	22a.1 certify that (1) (this haspi	Marie on 7 /3 3		- 70 , 19 79	_, to 04 ~ 5	19	79,11	not (I) (we) lost
		sow the deceased alive on above, (I) (we) (did) (did no	it view the body after dec	19.79 at	nd that in (my) (aur) apinion (	death occurred on the de	ote and hour and	from the co	ouses stated
		22b. SIGNATURE	A		DEGREE ATTENDING	MEDICAL STAI		22c. DATES	IGNED
		7.1	neu		PHYSICIAN [			04-	21-19
		224 PHYSICIAN & NAME (TYPE O	REM		South Bo	altimore	Gener	al t	lospital
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	1 / 1 /	EMETERY OR CREMATORY	236. LOCATION	COUN	TY	STATE
		Durual	4/25/19	Cedar f		Baltimore	Anne An	under	I Md.
	MC.	MARELLU Funeral	Home of Bro	Avenue		E REC'D. BY REGISTRAR	25b. RECOTRAR'S	SIGNATU	ready
	1.10	carry weetur	one of Dia	O'CLUIC '	21225 AP	K 6.5 14/4	1	-	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the haspital ar attending physician.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the

85180-6					
			Smith County	O plat 1	
	X			Lety	
			-		
		,			
3-1-0					
					17

6-09153 and the same of the same of the same of the same of terrin mondy - out in and set of John Andreas a settle to the last The second second was the second The state of the s

I dectal membling blocks, Navire thronic organic brain for rose

Of These of the Paris of the Pa

An are the second of the secon

APR 2 6 1973 FOR SAFE

(VRA 15(4))

FOR

must be notified at

injury, ar other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked at Item 18 shaws any

2 shauld be filed

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09132

1 DECE	BEULAH  MOORE    A RACE	).								
	ASED NAME	FIRST	WIDOLE	· ·	AST				DAY YEAR	26 HOUR
(TIPE OR		EULAH			MOORE			04	17 79	A
3. SEX		4 RACE				VEAD	6 AGE (IN YEARS LAST BIRTH	IDAY)	MONTHS DAYS	IF UNDER 24 H HOURS MI
FE	EMALE	WHIT	E				51	YRS.	MONTHS DATS	HOURS MI
		IGN 76 CITIZEN OF	WHAT COUNTRY?	8.	K NEVER	AARRIED [	9 BALTIMORE CITY O	COUNT	OF DEATH	
	ENTUCKY	U.S.	Α.				BALTIMORI	E CIT	Y	
10. CITY	OR TOWN OF DEAT	1 11. NAME OF	HOSPITAL, NURSIN		OR OTHER INST	NOITUTION				OF BUSINESS
BA	ALTIMORE				EET, 21	1223		TORRING E	, , , , , , , , , , , , , , , , , , , ,	HELLS
	RESIDENCE (IF NURSIN				1124 INISIDE C	ITV I IAA ITC2	12. STREET ADDRESS		BEAUTY	SHOP
	RYLAND	10001411			175			JNSWI	CK STRE	ET
14 FATH	HER'S NAME						ME			
		WIDDLE		IT			WIDGE			MITH
	S DECEASED EVER IN						ADDRE	55		
		IF YES, GIVE WAR OR DATES)	217-24-	0713	TAMES	E. MOOI	RE. 525 S. I	BRUNS	WICK ST	REET
		Enter cally one cause of			1 OTHER	4, 11001				ONSET AND DEA
NO L								20b. IF YE	S, WERE FINDS	NGS USED
							YES NO	Y	ES 🗌	№ □
MEDICAL	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 1d. INJURY OCCURRE WHILE NOT WHIL	USE OF DEATH EXAMINER)  D  21e. PLACE (AT HOME, S	.M. MONTH D. P.M. OF INJURY	19	21f LOCATIO				COUNTY	STATE
	saw the deceased	alive on 3/3	1/79 19		DEGREE	ATTENDING L	MEDICAL STAF	F	or and fram the	that (1) (we) couses stated
27		SINGLETON.	M.D.		22e ADDRES	S 22 S		REET,		
23a. BUF	RIAL, CREMATION, RI			NAME OF C	EMETERY OR		23d. LOCATION		COUNTY	STATE
	BURIAL	04-20	-79	CREST	LAWN		MARRIOTTS	VILLE		
	saw the deceased above, (I) (se) (die	alive on 3/3	1/79 19		DEGREE	ATTENDING L	MEDICAL STAF	F	or and fram the	couses state

DHMH - 16 50M 7/77 (VR A 15 (4))

etained by the haspital or

VENTRICULAR DYSRHYTHMIA
PHEUMATIC HEART DISEASE
MITRAL AND ADRICVALUE INSUFF

DESCRIPTION OF THE PROPERTY OF

eracia de la companya de la companya

THE ROTAL PROPERTY.

C. March F/H TTO1 E. North Ave.

FOR - STATE

**DHMH-17** 

(VR A15 ME (5)) 15M 7/76

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2b. HOUR

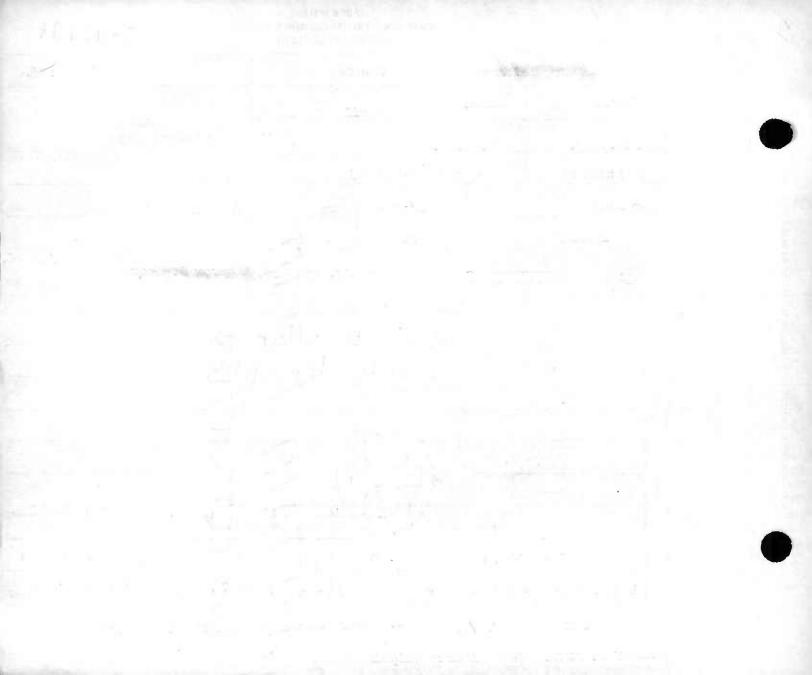
AN

STATE

Md.

APR 23 1979

28180-61 19				
		6	10.0 mm	
de variable of f	7	Avonisles		New York
Marrell Land	Ehor	1200%	.8	mor.
A N. Xossuth to.	I. Donnis I	21.7-40-0087		
MM , usternata, es newleste	deept fact	n i j	1000	trus
1973 That will be the	APR P	HOLE. North	erch F/H	M .D .mb



	1	FOR		STATE OF MARYLAND	IPAIF	
5 -	1.	STATE REGISTRAR	U	EPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		79-09135
(M)		CEASED NAME FIRST LOREN	A	MOORE	20 DAIL OI DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  OCITY OR COUNTY OF DEATH  CUPATION MOST OF WORKING LIFE)  PRESS  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  RECONDITION GIVEN IN PART 110.  Y?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO OF INJURY IN ITEM 18. PART 1 OR PART 2)  YORTOWN  COUNTY  STATE  STAAFF  COUNTY  STATE  STRAR 25b. REGISTRAR'S SIGNATURE
oth. Page 4, they oth 72 tours of 0010.	3. SE 70. B	temale	The CITIZEN OF WHAT CO	MARRIED   NEVER MARRIED	9 BALTIMORE CITY O	MONTHS DAYS HOURS MIN YRS R COUNTY OF DEATH
ss often den	1 1	BALTO CITY	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION INSESTREET BRESS) H. BALTO CITY HOSPS.	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b. KIND OF BUSINESS OR
LAND 212 ILAND 212 Into 24 hour should be in should be ter must be	1	AL RESIDENCE (IF NURSING HOME OR DITATE  ATHER'S NAME	TY 13c STY		13e STREET ADDRESS 17-13 Light	St. Batto, 21238
MARY ted with ted with lond 2		Unknow	n	LAST FIRST Upon	Enoun Hogle	
aLTIMORE, to be executed be executed by the medical		VAS DECEASED, EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCI WAR OR DATES) 733-	12 SECURITY NO. 17 INFORMANT  -26-8190  BCH	Perovils.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rattending physician.  After this certificate has signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 should be fill thand Mental Hygiene prior to burial, cremotion, or removal.  orked or them 18 shows any injury, or other traumatic event, the medical examiner must be in a content of them.		18 CAUSE OF DEATH. Enter and PART I. DEATH WAS CAUSED IMMEDIATE.  Conditions, if any, which gove rise to immediate cause tal, stating the underlying cause last	DET:  CAUSE (a)  DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO	insequence of Chamic Heart	Orsease.	yn-
ow requires ow requires observable observable ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ueteple	ING TO DEATH BUT NOT RELATED TO THE TERM  PUBLICATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
TYSICIAN. The kinding physician. S certificate has bound-transit per Mental Hygiene mr frem 18 shows		21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR	YES NO	YES NO
DIVISION  or attending  After this ce e os the buri oith and Mer	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	21f. LOCATION	CITY OR TOW	VN COUNTY STATE
OR ATTEND Prospitol of the post of the pos		276. J certify that (1) (this haspites saw the deceased alive on above, (1) (we) (did) (did) (27b. SIGNATURE	view the body ofter death		deoth occurred an the do	ond hour and from the causes stated  22t. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL I should be detent with the State [	23c.	BURIAL, CREMATION, REMOVAL	23b. DATE	1236 NAME OF CEMETERY OR CREMATORY	23d LOCATION	,
403 BP	(	Removal	4/9/79		CITY OR TOWN	
DHMH · 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR NAME NAME NATORY Board of		DRESS	E REC'D. BY REGISTRAR	

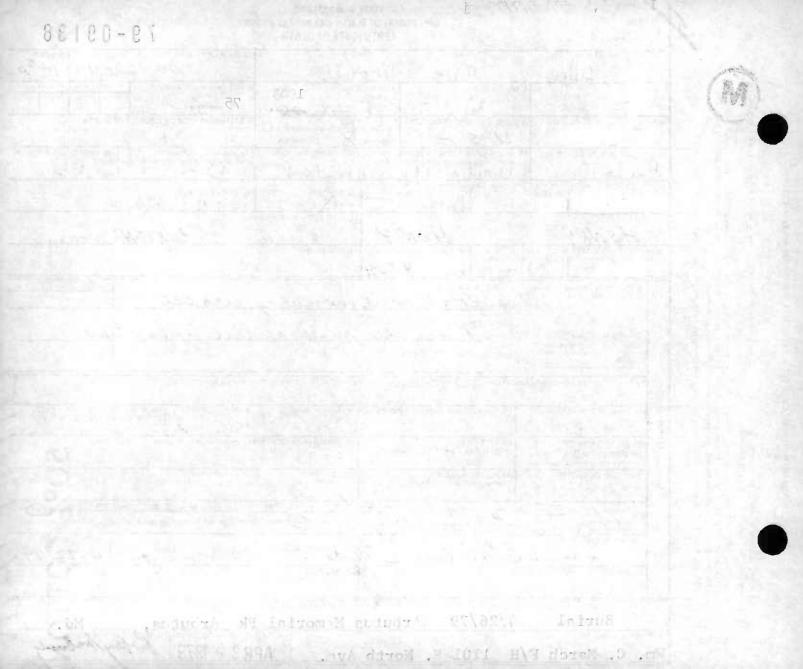
18-03-04

8E120-87				, ,
	8880,3000	and their		
	rest it dos	mate square [1]		
TTEN AROUTAL MENT				
		ing of many		
Annead Level College		nessistement	and the same	
The second second		dworloant	3000219	
	C.Daniel Lan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E M
				8
		LANGE OF		
# 4 P	TAKE TO A	The second second		
satisfiest was of some		11 11 2	A/\	
The State of the s	e Tomorios de Companyo de la company			

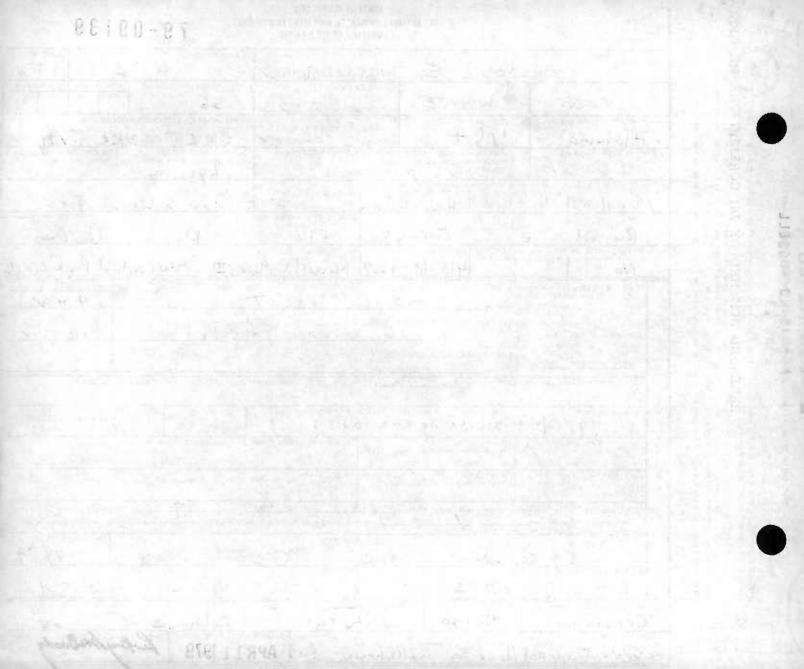
15M 7/76

10100-01 - Arminos - 100137 Charleman Bill of the comment

The Carting of the control of the co	REGISTRAR  CERTIFICATE OF DEATH  REGISTRAR	1	1	tems 5,6 g531	5/7/79 gj	STATE OF MARYLAND		
The Carting of the control of the co	The Carbon Marker Press   The Date of Part   ADDRESS   The Date of Part   The Date of	5	1.	STATE	DEPAR			79-09138
3 SEX    RACE   S DATE OF BRTH DAY 1960   B. AGE (INTERNASIA BRIDGAY)   PURPLE VIEW ON TO BE VEHICLE CONTROL OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   PURPLE VIEW ON TO BE VEHICLE COUNTRY OF DEATH   PURPLE VIEW ON THE VEHICLE COUNTRY OF THE VEHICLE	3 SEX    CRACE   SOATE OF BRTH   DAY 1963   SAGE (MYTANS LAST SMORT)   FLORE YEAR XY   MORE   THE NORTH   DAY 1963   SAGE (MYTANS LAST SMORT)   THE NORTH   DAY YES   MORE   THE NORTH   DAY YES   THE NORTH   DAY YES   THE NORTH   DAY DEED   DATE   DAT		1. DE		MIDOLE			D. • • • • • • •
10 CITY OF DOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER NISTITUTION   170 CITY OF COUNTY OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER NISTITUTION   170 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER NISTITUTION   170 CITY OR TOWN	18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 ENTHELACE   18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 ENTHELACE STATE OFFORM ON THE COUNTRY   18 MARRIED   18 MARRI	10			Mae	Marrell		,
16 BIRTHPLACE   STATEOPROPERON   76 CITIZEN OF WHAT COUNTRY?   8   MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   18 BATTIMORE CITY OR COUNTRY OF DEATH   11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   176 UNDIT OF DEATH   11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   176 UNDIT OF WORK POR MOST OF WORKING (JEE) INDUSTRY   176 UNDIT OF WORK POR MOST OF WORKING (JEE) INDUSTRY   177 UNFO OWNER, POR MOST OF WORKING (JEE) INDUSTRY   178 UNDIT OWN	18 BIRTHPLACE STATE OFFICIANO   18 CHIZEN OF WHAT COUNTRY   18 MARRED   NEVER MARRED   18 BALTIMORE CITY OR COUNTY OF DEATH   WODGED   NOVORCED   18 BALTIMORE CITY OR DOWN OF COUNTY OF DEATH   WODGED   NOVORCED   18 KIND OF BUT   18 KIND OF B		3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
18 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   128 USUAL OCCUPATION   128	DECITION TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   178. USUAL COLUMN TIME OF WORKERS   178. KIND OF BLE INTO OF BLE			T-	N	6 28 00	7578	YRS.
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   176 USUAL OCCUPATION   176	BE CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NUISING HOME OR OTHER INSTITUTION  III. STORY IN SUCH ACTUAL OR STREET ADDRESS OF WORK OF STANS OF WORK OF	ouce.			1 11 - 0	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH
USUAL RESIDENCE (# MURSING HOME OR OTHER RISTITUTION) GIVE RESIDENCE BEFORE ADMISSION   138. INSIDE CITY LIMITS?   139. STREET ADDRESS   130. STREET ADDRE	USUAL RESIDENCE (# PARISHO ROME OF OHRE NOTIFICATION CON RESIDENCE OF LOSS ON 12 M ON	e	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION		
136 STATE   136 COUNTY   136 COUNTY   136 COUNTY   136 INSIDE CITY LIMITS?   136 INSIDE CITY L	136. NO   136. COUNTY   136. COUNTY   136. CITY OR TOWN   136. MASSIGE CITY LIMITS?   136. SEET ADDRESS   136. SOCIAL SECURITY NO.   156. MOTHER'S MAIDEN NAME   156. MOTHER'S MAIDEN NAME   176. MODILE   176. MODI	32	8	palt	OF NOT IN SUCH FACILITY, GIVE STRE	1 of Maryland		WORKING LIFE) INDUSTRY
14 FATHER'S NAME    15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   16 MAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     16 MAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS     18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c))     18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c))     18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c))     18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c))     19 CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)     19 CONTRIBUTING   CAUSE OF DEATH     19 CAUSE OF OPERATION   19 CONDITION FOR WHICH OPERATION WAS PERFORMED   20 AUTOPSY?   20 IN CERTIFYING CAUSES OF DIVISION     19 CONTRIBUTING   CAUSE OF DEATH     19 EITHER, NOTIFY MEDICAL EXAMINER)   P.M.   19     210 AUTOPSY   210 TIME OF INJURY IN TIEM 18, PART 1 OR PART 2)     210 AUTOPSY   CAUSE OF DEATH     19 EITHER, NOTIFY MEDICAL EXAMINER)   P.M.   19     210 AUTOPSY   CAUSE OF DEATH     211 ACCIDENT WAS UNDERLYING   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     212 ACCIDENT WAS UNDERLYING   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     213 TIME OF INJURY OCCURRED   CITY OR TOWN COUNTY     214 AUGUST   NOT WHICH   NOT WHICH OPERATION   STREET   CITY OR TOWN COUNTY     215 AUGUST   NOT WHICH   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     216 AUGUST   NOT WHICH   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     217 AUGUST   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     218 AUGUST   NOT WHICH   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     219 AUGUST   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     210 AUGUST   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     210 AUGUST   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     211 AUGUST   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     212 AUGUST   CAUSE OF INJURY IN TIEM 18, PART 1 OR PART 2)     213 AUGUST   CAUSE OF IN	15. MOTHER'S MADE NAME  MODIE  15. MOTHER'S MADEN NAME  MODIE  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  18. CAUSE OF DEATH LETIES ONly GRADIES IN U.S. ARMED FORCES OF INTOREMAN AND AND AND AND AND AND AND AND AND A	ost pe	USU/ 13a S	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	WN 138. INSIDE CITY LIMITS	? 13g. STREET ADDRESS	0 1.7
180 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS	TREST   MODIL   MACHINE		14 5/		Balt			laski
Test   Conditions   Test   Conditions   Test   Conditions   Contributing   Course   Conditions   Conditions   Contributing   Course   Conditions	Test   Section   Test   Test   Section   Test   Section   Test   Test   Section   Test   Test   Section   Test   Test   Section   Test   Test   Test   Section   Test   Tes	u A	14. FA	HENDU	MIDDLE	VIV FIRST		PICUL HEAST
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART 1. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (o)   CANDIDIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN CONTRIBUTION GIVEN IN PART 1 (o)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN	0				CURITY NO. 17 INFORMANT	ADDRES	SS SEN OU
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)   Carcalopular vary are in immediate cause (b)   Carcalopular vary are in immediate cause (a), stating the underlying cause lost.    Part 2. Other significant conditions   Contributing to Death   But not related to the terminal disease or condition given in Part 1(a)    Part 2. Other significant conditions   Contributing to Death   But not related to the terminal disease or condition given in Part 1(a)    Part 2. Other significant conditions   Contributing to Death   But not related to the terminal disease or condition given in Part 1(a)    Part 2. Other significant conditions   Contributing to Death   But not related to the terminal disease or condition given in Part 1(a)    Part 2. Other significant conditions   Contributing to Death   Contribution given in Part 1(a)    Part 2. Other significant conditions   Contribution given in Part 1(a)    Part 2. Other significant conditions   Contribution given in Part 1(a)    Part 2. Other significant conditions   Contribution given in Part 1(a)    Part 3. Other significant conditions   Contribution given in Part 1(a)    Part 3. Other significant conditions   Contribution given in Part 1(a)    Part 3. Other significant conditions   Contribution given in Part 1(a)    Part 3. Other significant conditions   Contribution given in Part 1(a)    Part 3. Other significant conditions   Contribution given in Part 1(a)    Part 3. Other significant conditions   Contribution given in Part 1(a)    Part 3. Other significant conditions   Contribution given in Part 1(a)    Part 4. Other significant conditions   Contribution given in Part 1(a)    Part 4. Other significant conditions   Contribution given in Part 1(a)    Part 4. Other significant conditions   Contribution given in Part 1(a)    Part 4. Other significant conditions   Contribution given in Part 1(a)    Part 5. Other significant conditions   Contribution given in Part 1(a)    Part 5. Other significant conditions   Contribution given in Part 1(a)    Part 5. Other significant	PART I. DEATH WAS CAUSED BY  (MMEDIATE CAUSE (a))  DUE TO, OR AS A CONSCOUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION	medi	()	(ES, NO QRUNKNOWN) (IF YES, GN	WAR OR DATES) 220-Z	4-5031		
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTION COUNTY COUNTY COUNTY OFFICE, FARM, ETC.)	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse 101. Stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS GIVEN TO THE TER			18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), (	and (c).)		APPROXIMATE IN
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DOTAL HOUR A.M. MONTH DAY YEAR  (IF ITHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  210. INJURY OCCURRED  WHILE ON TOWN WHICH OPERATION  211. INJURY OCCURRED  WHILE ON TOWN COUNTY  211. LOCATION  STREET  CITY OR TOWN  COUNTY	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse 101. Stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS GIVEN TO THE TER	vent		PART I. DEATH WAS CAUSI	SED BY: CALA	mullmon ak	y arrest	5.
gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  YES NO YES NO YES NO OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF COUNTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF COUNTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF COUNTRIBUTING CAUSE OF DEATH OF CAUSE OF CAUS	DUE TO, OR AS A CONSEQUENCE OF    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED	fic e		410-		LIENCE OF	1	0
DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR  19c. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  19c. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  21b. TIME OF INJURY  19c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18, PART 1 OR PART 2)  19c. DATE OF OPERATION  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18, PART 1 OR PART 2)  19c. DATE OF OPERATION  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18, PART 1 OR PART 2)  21c. HOW INJURY OCCURRED (INJURY IN TEM 18, PART 1 OR PART 2)  21d. INJURY OCCURRED  21d. MONTHULE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. MONTHULE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. ACCIDENT WAS UNDERLYING (IN TEM 18, PART 1 OR PART 2)  19c. PART 2. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a)  21d. ACCIDENT WAS UNDERLYING (IN TEM 18, PART 1 OR PART 2)  19c. PART 2. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a)  21d. ACCIDENT WAS UNDERLYING (IN TEM 18, PART 1 OR PART 2)  21d. HOW INJURY OCCURRED (IN TEM 18, PART 1 OR PART 2)  21d. HOW INJURY OCCURRED (IN TEM 18, PART 1 OR PART 2)  21d. HOW INJURY OCCURRED (IN TEM 18, PART 1 OR PART 2)  21d. HOW INJURY OCCURRED (IN TEM 18, PART 1 OR PART 2)  21d. HOW INJURY OCCURRED (IN TEM 18, PART 1 OR PART 2)  21d. HOW INJURY OCCURRED (IN TEM 18, PART 1 OR PART 2)  21d. HOW INJURY OCCURRED (IN TEM 18, PART 1 OR PART 2)	DUE TO, OR AS A CONSEQUENCE OF    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR MEDICAL STAFF CONTRIBUTION COUNTY    PART 2 OTHER SIGNIFICANT CONDITIONS COUNTY    PART 2 OTHER SIGNIFICANT COUNTY C	owo		Conditions, if any, which	( p) Proba	lile musca	rdial in	farction
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  21b. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D YES NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M.  190. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  191. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  210. INJURY OCCURRED  WHITE NOT WHITE NOT WHITE  101. INJURY OCCURRED  102. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  210. INJURY OCCURRED  WHITE  210. INJURY OCCURRED  WHITE  102. INJURY OCCURRED  103. IN YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES.  NO W.	0		gave rise to immediate	DUE TO OR AS A CONSEC		0	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NOW  YES NOW	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY? YES NOW Y				DOE TO, OR AS A CONSEC	DENCE OF		
190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? YES   NO	196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES   NO		-7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	OITION GIVEN IN PART 1(0)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. INJURY OCCURRED  WHILE  NOT WHILE  NOT WHILE  NOT WHILE  AT WORK  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217. COUNTY  STREET  CITY OR TOWN  COUNTY	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURED  WHILE AT WORK  NOT WHILE AT WORK  220.1 certify that (IVIThis hospital) attended the deceased from 4-22 19-79 , and that in (my) our opinion death occurred an the date and hour and from the cause above. (I) (Wey did) (did not) view the body after death.  22b. SIGNATURE  22c. DEGREE  ATTENDING PHYSICIAN  DEGREE  ATTENDING PHYSICIAN  DIRECTOR PHYSICIAN  23d. BURIAL, CREMATION, REMOVAL BURIAL  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  4/26/79  Arbutus Memorial Pk Arbutus  Md.		Į.	A DATE OF OBSERVIOUS	Las compilion for usua	THE CONTRACT OF THE CONTRACT O	20 411700572	Table VEC WERE EINDINGS IN
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. INJURY OCCURRED  WHILE  NOT WHILE  NOT WHILE  NOT WHILE  AT WORK  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217. COUNTY  STREET  CITY OR TOWN  COUNTY	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURED  WHILE AT WORK  NOT WHILE AT WORK  220.1 certify that (IVIThis hospital) attended the deceased from 4-22 19-79 , and that in (my) our opinion death occurred an the date and hour and from the cause above. (I) (Wey did) (did not) view the body after death.  22b. SIGNATURE  22c. DEGREE  ATTENDING PHYSICIAN  DEGREE  ATTENDING PHYSICIAN  DIRECTOR PHYSICIAN  23d. BURIAL, CREMATION, REMOVAL BURIAL  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  4/26/79  Arbutus Memorial Pk Arbutus  Md.	ws or	FICA	140 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHITE AT WORK NOTIFY MEDICAL EXAMINER)  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  CITY OR TOWN COUNTY	OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE AT WORK  NOT WHITE AT WORK  220.1 certify that (IVIThis haspita) attended the deceased from 4-22 19.79, that saw the deceased alive on 7-22 19.79, and that in (my) our opinion death occurred an the date and hour and from the cause above, (I) world'd'd' (did not) view the body after death.  22b. SIGNATURE  22c. DATE SIG PHYSICIAN  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN  DIRECTOR PHYSICIAN  23c. NAME OF CEMETERY OR CREMATORY  Burial  23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY  Arbutus  Md.		ERT	21- ACCIDENT WAS LINDERLYING.	216 TIME OF INJURY	1217 HOW IN HIPY OCC		- Lond
ATWORK ATWORK	220.1 certify that (ICITINS haspital) attended the deceased from 4-22 19 79 to 4-22 19 79 that saw the deceased alive on 4-22 19 79 ond that in (my) our opinion death occurred an the date and hour and from the cause above. (I) (Most did) (did not) view the body after death.  22b. SIGNATURE  22c. DATE SIGNATURE  22c. PHYSICIAN DIRECTOR	0 F	4	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CHALD TENTER CALOR OF MOOR	THE TOTAL TOTAL E
AT WORK AT WORK	220.1 certify that (ICITINS haspital) attended the deceased from 4-22 19 79 to 4-22 19 79 that saw the deceased alive on 4-22 19 79 ond that in (my) our opinion death occurred an the date and hour and from the cause above. (I) (Most did) (did not) view the body after death.  22b. SIGNATURE  22c. DATE SIGNATURE  22c. PHYSICIAN DIRECTOR	2 /	Š					
O ALTONA	270. I certify that (Infinis haspital) attended the deceased from 4-22 19.79, that saw the deceased alive on 4-22 19.79, and that in (my) our opinion death occurred on the date and hour and from the cause above, (I) (world) (did not) view the body after death.  270. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY  270. BURIAL, CREMATION, REMOVAL 23b. DATE  271. NAME OF CEMETERY OR CREMATORY COUNTY  Burial  272. NAME OF CEMETERY OR CREMATORY COUNTY  Burial  Arbutus Memorial Pk Arbutus. Md		MEC	WHILE CO NOT WHILE CO			CITY OR TOW	N COUNTY
	saw the deceased alive an			AT WORK		// 22 7	0 // 0	76
	22d Physician   23b Date   23c Name of Cemetery or Crematory   23d Location   2	m 2		abave, (1) (we) (did) (did no	at) view the body ofter death.		on death occurred an the do	
abave (I) (we) gid ((did not) view the bady after death	23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY Burial 4/26/79 Arbutus Memorial Pk Arbutus. Md.	<u> </u>		226. SIGNATURE	E Min	A 10 .	MEDICAL STAF	
above, (I) (w) (did not) view the body after death.  27b. SIGNATURE  27c. DATE SIGN	Burial 4/26/79 Arbutus Memorial Pk Arbutus. Md.			jeanne	Va. Willian	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICI	
obove, (I) (w) (did not) view the body ofter death.  226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  H-22  H-22	Burial 4/26/79 Arbutus Memorial Pk Arbutus. Md.	X /		226. PHYSOZIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
above, (I) (wa) (did not) view the body ofter death.  72b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  H-22  H-22	Burial 4/26/79 Arbutus Memorial Pk Arbutus Md.	2						
above, (1) (wordid) (did not) view the body ofter death.  226. SIGNATURE  226. DATE SIGN  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4-22		4	23a P	SPECIEY)			CITY OR TOWN	COUNTY
above, (1) (woldid) (did not) view the body ofter death.  278. SIGNATURE  278. SIGNATURE  278. DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4-22  278. ADDRESS  278. PHYSICIAN'S NAME (TYPE OR PRINT)  278. ADDRESS  279. BURIAL, CREMATION, REMOVAL 23b. DATE  279. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY					4/26/79 A			
abave, (I) (va) did) (did not) view the body ofter death.  72b. SIGNATURE    DEGREE   ATTENDING   MEDICAL   STAFF   H-2Z			Win	. C. March F	F/H 1101 E. 1	North Ave	APR 2 5 1979	Mary Mary



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) USSE 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX & AGE (IN YEARS LAST BIRTHDAY) M HTHON YEAR HOURS O.T BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN RRELL MARRIED NEVER MARRIED amma INDIKE WIDOWED DIVORCED M IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Har 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS DR 0 YES [ night 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST BY 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) MED 7420 ( APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter pnly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY No IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MIN PNEUMA T Conditions, if pny, which gave rise to immediate couse (D), stoting the DUE TO, OR AS A CONSEQUENCE OF 20 VV underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) REL. DIVISION OF VIT AL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? BACTERIAL ENDOCARDITIS NO YES [ NO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71h TIME OF INJURY H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH intol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE AT WORK AT WORK 22a. F certify that (1) (this haspital) attended the deceased from. , and that in (my our) apinion death accurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF O FUNERAL I DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE BP Remation BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 75n DATE REC'D DHMH - 16 50M 7/77 (VR A 15 (4)) 1211 Checa



## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 2a. DATE OF DEATH DECEASED NAME 2h HOUR DANIEL MORRISON (TYPE OR PRINT) APRIL 13. 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX HTHOM DAY MONTHS DAYS HOURS MALE BLACK 1930 4 49 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NORTH CAROLINA BALTIMORE CITY WIDOWED 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEMIST JOHNS HOPKINS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND COLUMBIA NOXIX 6010 STEVENS FOREST ROAD YES [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME R. MIDOLE CLARENCE MORRISON SR MAS MINNIF MALLOY 49 Μ. 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMON (IF YES, GIVE WAR OR DATES) 241-36-1668 CHARLOTTE B. MORRISON 6010 STEVENS FORE 18. CAUSE OF DEATH (Enter only one couse per line for a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 mengers VSD Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ath underlying cause lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 PART 2. OTHER SIGNIFICANT CERTIFICATION 20g. AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F NO Hygi 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 71f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR JOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) P NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING STAFF \* DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d, PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS id b with 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE RESTHAVEN MEM. MARYLAND BP BURIAL GARDENS FREDERICK 4-16-79 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 1721-27 N. MONROE ST.

**PHILLIPS** 

(VR A 15 (4))

79-09140

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR	D		FICATE OF DEATH	7 9 - 0 S	9   4	
		CEASED NAME PRST	E.		RISON	APRIL 5, 1979	DAY YEAR JS HOUR	A
	1. 58		4 HACE Cauc		7, 1885 YA	6. AGE (MILMSTASTBRIDGAY)	# IPCER I TENB # UNCER24 WORRES GAYS HOURS A	HP3.
7	. 0	outhplace state on control of the Carolina	75 CITIZEN OF WHAT CO	LINTRY?	D NEVER MARRIED	Baltimore City	Y OF DEATH	MD
0		Saltimore	11. NAME OF HOSPITAL	ANT STREET ADDRESSO	OR OTHER INSTITUTION	The USUAL OCCUPATION (TYPE OF WORKING LE HOUSewife	176 KIND OF BUSINESS H) INDUSTRY	OR
5	13a S	ALRESIDENCE (* NUSSAG) EM (O STATE 135 COUR laryland Balt;	VIY IDE CITY	NCE BELONE ADMISSION OR TOWN 18VILLO	YES NO S	13e STREET ADDRESS 438 Chalfon	te Drive	
0		John	Ros		IS MOTHER'S MAIDEN NA	MIDDLE	Fox	
2		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV 10	( WAR OR DATES)	50-7304	100	5. Athol A <del>ven</del> ue man Aged Peoples	21229 Home	
0	CERTIFICATION	gave rise to immediate cause in a stating the underlying cause last.  PART 2 OTHER SIGNIFICANT I	" Nego	careink	sma of say	TN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?	,
9	0.1523	2) a. ACCIDENT WAS UNDERLIBRED. [ OR CONTRIBUTING. [] CAUSE OF DE- LIF EITHER, NOTHY MEDICAL EXAMPLES	HOUR A.M. MON	TH DAY YEAR	21x HOW INJURY OCCUR	RED (ENTER NATURE OF HULLEY IN ITEM IS.	ES. NO NO NATIONAL PART ( DN PART 3)	
	MEDICAL	21d, PUURY OCCURRED  WHEE ATWORK ATWORK	21st PLACE OF INJURY (AT HOME STREET, FACTOR	N CALLES LYSW SIC'I	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE	5
1		220. L certify that (I) (this hosp saw the deceased afree on above, (I) (we) (did ) (did on 2725 SIGNATURE)  220. APPVSICIANS NAME (THE O	ti view to bady offer decly		ATTENDING PHYSICIAN P	death accurred on the date and ho	5 GARES	
		BURIAL CREMATION, REMOVAL BURIAL	13h DATE 4/6/79	Woodl	emetery or Crematory	Baltimore,	Maryland	
		NAME LUNERAL DIRECTOR 1630 I				6 1979 Right	TRAR'S SIGNATURE	

DHMH - 16 50M 1/76 (VR A 15 (4))

done to the best of the best o 

HELDYHKUS FATT 2000 23

completely filled in by the funeral i I and 2 should be filed within 72

attending physicion and cor love carbanpapers. Pages 1

within 24 hours ofter

executed

deoth certificate be

requires that the

TTENDING PHYSICIAN The low ng physician.

the hospitol or

TO HOSPITAL etoined by

BP.

to

must be notified

medical examiner

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, as removal.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	V	 0	9	1	4	3	
DEC 11	^						

	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATI	/ 4 -	-09143
		CEASED NAME FIRST MACY	Louise	moxley	20 DATE OF DEATH MONTH	9 79 931 PM
	3. SEX	EMALE (	WHITE.	1 / / / /		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
-		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE		CITY MD.
2	10 CI	BALTI MORE	NAME OF HOSPITAL NURSIN	OF HOME OF OTHER INSTITUTION ADDISON OF THE LEGISLE	ON 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY
1	13e. S	MO BAL			y 1202 01	ANIENS AUE.
3	2	THER'S NAME FIRST MID  ANUEL MID	ANDET	SON. GOLDIE	MIDDLE	LAST
		(AS DECEASED EVER IN U.S. ARMÉ ES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	17 INFORMANT 1-6506 HARLEA	U LIEBNO A	DANIELS AVE
	NOI	PART I. DEATH WAS CAUSED (  IMMEDIATE (  Conditions, if any, which gove rise to immediate cause (a), storing the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	COTIC OCI	usion of lef neuror descend Cardinavascula te terminal disease or condition	ty out.  Louisease  N GIVEN IN PART 1(0)
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{ NO } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ NO } }  \text{
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITE	EM 18. PART I OR PART 2)
	MEDICAL	2) d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		270 I certify that (1) (this hospital sow the deceased alive on abave, (1) (we) (did) (did-pat) v	19		, to	, 19, that (1) (we) lost d hour and fram the couses stated
		22b. SIGNATURE V	Yumay	DEGREE ATTENE		221. DATE SIGNED 4/10/79
		22d PHYSICIAN'S NAME (TYPE PAPE	STAMUAU	22e ADDRESS	St. Agner	Hosportal.
	B	URIAL	4-12-79 60	NAME OF CEMETERY OR CREMA	IERU ELICOTT	COUNTY STATE
	24 FU	INERAL DIRECTOR NAME EBER FUND	RAL HOME	FORENDSON.	APR 1 1 1979	ECHSTRAR'S STONATURE

DHMH-16 20M (VRA 15, 4) 7/78 27125-27

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Jose ph Wiliam April 13, 1979 Murphy 11:50A 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF INDER 24 HRS Aug. 25,1916 Male White 62 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA New Jersey 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION Clerk State of Md. General Hospital Baltimore Maryland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 134 INSIDE CITY LIMITS? 1641 Aberdeen Rd. Baltimore Maryland Towson 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Veronica Blesser James Patrick Murphy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 158-05-7522 Mrs. Catherine B. Murphy Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Intrapertioneal Hemmorhage (2Liters) IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Cirrhosis and portal hypertension Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Esophageal varices PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED I ON DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be YES K YES X NO I Hygier Hygier 216 TIME OF INJURY 21n ACCIDENT WAS UNDERLYING 21c. HOW IN JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto! MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE March 25 April 22a | certify tho X() (this haspital) of ended the deceased from April 13, and that in (my (aur) apinion deoth accurred on the dote and hour and fram the causes stated saw the deceased alive on april 1 13, obave (we) (did) with a view the body ofter death 22b. SIGNATUR DEGREE 22c. DATE SJGNEI + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS should be with the Ellis Mez. M.D c/o Maryland General Hospita 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION STATE Apr. 17,1979 Holy Redeemer Baltimore City, Maryland Burial 24 FUNERAL DIRECTOR 6500 York Rd. DHMH - 16 60M 1/75 Mitchell-Wiedefeld Home (VRA 15 (4)) Baltimore, Md. 21212

LOS-11	April 13, 1070	pagnet do	Mary mail:	
		and, as, and		2420
	Nalthmore ofth			
	12010	Ladionoù Estado	Institut	initiari
	A community That		erolf executate	Designed
		locas.	terminal saturat as	e data
	12 7/13 . H ord	-1922 Pers. Cabber	0)-901	
	ge (2(dterm)	entiqueal Research	April 2000	
	watewests.	nud Islam, bad steed	4=19	
		begeni varicus		
72 97	9 April 13	Marca 15, y 7	El thek	
	×			
2631	iland Sanarah hasi		Mary Aug.	extit

STATE OF MARYLAND 79-09145 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE OF DEATH MONTH DAY 2h HOUR (TYPE OR PRINT) Silas MURRAY April 12 1979 12:18P M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH WHITE MALE JUNE 28, 1916 62 . BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA USA Baltimore City WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Maryland General Hospital BARBER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS P BALTIMORE BALTIMORE MD. 6647 WALTHER AVE. 21206 NO A 4 FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE MURRAY ADA" В. BODENHEIMER GEORGE ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES NEOS UNKNOWN) ADA C. MURRAY 6647 WALTHER AVE. 21206 63-12-8644 18 CAUSE OF DEATH Enter only one couse per line for to , tb , and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiovascular Collapse DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Sepsis gove rise to immediate couse 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ō ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Pneumonia, Chronic Renal Failure 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T certificote ntol Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED ò 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE April April 22a | certify that X (this haspital) attended the deceased fram\_ hospital sow the deceosed alive on April 12 obave, K (we) (did) | Kakasti view the bady ofter death and that in (aur) apinion death occurred an the date and hour and from the causes stated 22h SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL M.D. should be dete with the Stote IMPORTANT: I 4-12-79 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF MINT) 22e. ADDRESS c/o Maryland General Hospital Thomas Macpherson, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY ST. JOHNS LUTHERAN CEM. SWEET AIR BURIAL APR.16,1979 MD. BP. 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4)) MITCHELL WIEDEFELD HOME 6500 YORK RD.

Enlas - Baltimore City dattinore faryland General Bospital date Cardovoscular Collanse Providentia, Chronic Renal Failure z 12-79 Trogue Alephannon ".D. c/o Haryland Constal Mospical the state of the s FOR

must be notified at once.

injury, or other troumotic event, the medical examiner

IMPORTANT: If them 21 is morked or them 18 shows ony

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00110

1	REGISTRAR	CERTIFICATE OF DEATH	REG. NO	19-09146
1	I. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	LAST	20. DATE OF DEATH	, -/3
1	anna	MUSE	46-3	1 79 6 ANM
	Famale Black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	76 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	CITY MD.
		; NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS)  NUNSING CONTROL	120. USUAŁ OCCUPATION (TYPE OF WORK FOR MOST OF	
		OR TOWN 13d. INSIDE CITY LIMITS?  YES NO	130. STREET ADDRESS	INLAND RA
2	DINYONDEN CHAPTER ENTE	15 MOTHER'S MAIDEN NA MA SIRST NA A:	ME	<b>Ł</b> AST
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOC (1985, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	IAL SECURITY NO. 17. INFORMANT	VIN FINA	SS YU'I DENEADY KN
	// 4		NIMAL DISEASE OR GONI	DITION GIVEN IN PART 1(0)
	190 DATE OF OPERATION 196. CONDITION FOI	R WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH HOUR A.M. MOI P.M.   15 EITHER, NOTIFY MEDICAL EXAMINER)   210. TIME OF INJURY OCCURRED   210. PLACE OF INJURY ONLY WHILE   NOT WHILE   AT WORK   AT WORK   AT WORK   220. I certify that (I) (this haspital) attended the decays saw the deceased alive on above   We   (did (did not) we'w the body after deay of the decays   15 EITHER   15 EITHER	RY, OFFICE, FARM, ETC.)  STREET  STREET  19  19  19  19  19  19  19  19  19  1	RED (ENTER NATURE OF INJUR CITY OR TOW	COUNTY STATE  TO A that (ID) (we) last one and hour and from the causes stated
	230. BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFIC	23C. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	2-17 /4 / STATE
	24 FUNEDAL DISECTOR	Md AUBUAN 250. DAT	Es A C VI	25b. REGISTRAR'S SIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

84166-84 But the first of first of many of the second Commer Valuables There are to

11160-6

•

, .

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-09148 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRS MIDDLE 2n DATE OF DEATH 2b. HOUR TYPE OR PRINT NASTALSKI ANN APRIL 30. 6:04A 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS MONTH MONTHS DAYS 1918 60 White Sent Female YRS RE PH **BALTIMORE CITY OR COUNTY OF DEATH** M BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland USA DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Secretary Distillary JOHNS HOPKINS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING) OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Linover Maryland Baltimore El@nor Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Koelbel Max Mildred Ricketts. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Joseph T. Nastalski 9 Elinor Ave 21236 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY: HYPOTENSION DAY IMMEDIATE CAUSE In DUE TO OR AS A CONSEQUENCE OF DAYS Conditions, if any, which SEPSIS gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 2 TEAR underlying cause last. HODGKIN'S LYMPHOMA 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) ò 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 1979 22a | certify that (1) (this hospital) attended the deceased from DIRECTOR: april 30 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22h SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF = Should be detained the Stote [ PHYSICIAN DIRECTOR PHYSICIAN IN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) LIEPPMAN 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE BP Moreland Park Cem Baltimore. Maryland Burial 250. DATE REC'D. 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Dippel Brothers, Inc. 7110 Belair Rd. 21206 (VRA 15 (4)) 1970

34160-61 THE LIGHT THE LIGHT . J ol Andrews I have been a party of the state of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-19149 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 2a. DATE OF DEATH 26 HOUR TYPE OR PRINT JAMES NELSON H. APRIL 28 1979 4 RACE 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 5 DATE OF BIRTH MONTH DAY YEAR Male Black HOURS 13 65 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED M NEVER MARRIED COUNTRY BALTIMORE CITY Iowa WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS HOPKINS HOSPITAL Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Raltimore 1134 Wilmot Ct E NO [ Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Archie Jefferson Nelson Cora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 630 No 213-14-5040 T. Nelson 1810 N. Castle St. (allo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY asystoke IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Cardisgenic Septic and Conditions, if ony, which gove rise to immediate () Jul couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Myorackin Infaretion neumonia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO YES NO T DIVISION OF VITAL ntol Hygin Sh 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2} 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a. | certify that (I) (this hospital) attended the deceased from 119799 28 ADNI sow the deceased alive an and that in my (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ± MEDICAL STAFF FUNERAL vild be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS shout with th 601N BRORDUNA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 236. DATE 5/3/79 Md. Baltimore, BP Burial Baltimore Cemeterv 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b But DHMH-16 50M 7/77 1979 (VRA 15 (4)) Wm. C. March F/H 1101 E. North Ave.

5+150-61

12/15/-8

man case of the second of the

STATE OF MARYLAND 9-09152 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 4 RACE 1 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS PHINOM DAYS HOURS. 70 BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED [ OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n. USUAL OCCUPATION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK BOR MOST OF WORKING LIFE) aco 01 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS 136 COUNTY 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2% MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) AUCNUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line fg PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OFHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a RECORDS, CERTIFICATION No. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY d IN CERTIFYING CAUSES OF DEATH? NO YES F NO F DIVISION OF VITAL 710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from DIRECTOR sow the deceosed olive on, ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deot 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be dete with the State IMPORTANT: PHYSICIAN PIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 23g. BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY Burial 4/7/1979 - South Carolina Manning 24 FUNERAL DIRECTOR 25a. DATE REC DHMH - 16 50M 7/77 (VR A 15 (4)) Wm. C. March F/H 1101 East North Avenue

	L	tems 7a,7b g531 FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
eogh 3	1. DEC	CEASED NAME FIRST ORPRINT) RAYMON	MIDDLE	nelson	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 4 30 79 9
Page 4 mo director, po nours ofter o	3. SE	MALE	white	S DATE OF BIRTH MONTH DAY YEAR 44 2 97	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS  YRS
death.	Pu	RTHPLACE (STATE OR FOREIGN DUNTRY)  erto Rico	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BA HIN	RCOUNTY OF DEATH
by the filled will notified	1	BA HIMORE	PODIAR MAKE	OR NURSING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	
n 24 hau filled in hauld be r must be		ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN ARY DAS	OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV	RE ADMISSION)  NN 13d INSIDE CITY LIMITS?  YES NO	13e STREET ADDRESS	HVENUE
smpletely is and 2 sh	14. FA	THER'S NAME FIRST A	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	<b>LAST</b>
te be execu	16a. V	VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	SS
equires that the death signed by the attendi	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	1 +EPAGOMA.	COHOLIS/	
- Y	CATIC	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
he law an. I perm ene pr	1 =				YES NO	YES [] NO []
AN: The lc physician. ificate has transit per transit per la li Hygiene la 18 shaws	CAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR		
PHYSICIAN: The infending physician. This certificate hos he burial-transit pers and Mental Hygiene. d or frem 18 shows.	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	19 211. LOCATION		Y IN ITEM 18, PART 1 OR PART 2)
VIENDING PHYSICIAN: The Ic spital ar attending physician. CTOR: After this certificate has CTOR: After the burial-transit per of Health and Mental Hygiene, of Health and Mental Hygiene.		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospit sow the decessed alive an, obove, (I) (we) (did) (did no)	HOUR A.M. MONTH E.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PAY YEAR  19  211. LOCATION STREET  3 - 27 - 19 77  7, and that in (my) (aur) apinion	CITY OR TOW	COUNTY STA
OR ATTENDING PHYSICIAN; The in the hospital or attending physician. DIRECTOR, After this certificiate hos inched for use as the burial-transit pers. Dept. of Health and Mental Hygiene. If them 21 is marked or them 18 shaws		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE AT WORK NOT WHILE Sow the deceosed olive on, obove, (I) (we) (did) (did no) 22b. SIGNATURE	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  10) ottended the deceased from, 11) yew the body ofter death.	DAY YEAR  19  211. LOCATION STREET  3 - 27 - 19  75, and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	CITY OR TOW	COUNTY STA  COUNTY STA
OR ATTENDING PHYSICIAN; The le haspital or attending physician. DiRECTOR After this certificate has be added for use as the burial-transit per Dept. of Health and Mental Hygiene. If them 21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospit sow the decessed alive an, obove, (I) (we) (did) (did no)	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  10) ottended the deceased from, 11) yew the body ofter death.	DEGREE  DEGREE  ATTENDING PHYSICIAN  19  211. LOCATION STREET  19  72  And that in (my) (our) opinion PHYSICIAN  172  ADDRESS	city or tow death accurred on the do	COUNTY STA  COUNTY STA

A CANADA STATE OF THE STATE OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN YEAR 26 HOUR TYPE OR PRINTI ESTI-J. NEMEC .JR. DEATH MATED TE JAMES 19 1 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IE LINDER 24 HRS DATE LAST BIRTHDAY PRONOLINCED male white 1896 1079 82 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 26 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland DIVORCED IN CITY OR TOWN OF DEATH 120. USUAL-OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Pelham Ave. FOR MOST OF WORKING LIFE! Cutter Baltimore Lebow Bros. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13b COUNTY 2884 Pelham Avenue, 21213 Baltimore Maryland YES KIX NO VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Vaclav UNKNOWN Nemec 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes NO. OR UNKNOWN PAGES 216-01-0325 Helen Slivery - 728 N. Kenwood Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? O BURIAL, YES NO ST 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71E HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Autopsy Inquiry Undetermined manner death resulted from: Homicide TITLE (SPECIFY) Assistant 5-1-79 R DEATH, IMORE, M. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Md. Baltimore. Bohemian National Burial 250. DATE REC'D. BY REGISTRAR 256 ADDRES 3331 Brehms Lane Schimunek Funeral **DHMH-17** (VR A15 ME (5)) Home. Inc. Balto.Md.21213 15M 7/76

16160-8 9-03151

(VRA 15, 4) 7/78

àc àc	0010		Black	1.
Baltimorr Cir.	474			
	pital	coll fasbiv	e etc.	nelbinore
001 M. Puleski St.	3.	Belciacre		. [.]
	diplonation			
				Richard
	94: Ann M. Wich			
	94 Ann M. Wicin		2/43-1/46	8.17
	94 Ann M. Wiche	,215-18-55	34/1-24/2	8.17
	94 Ann M. Wiche	215-12-55	2/43-1/46	8.17

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/7B

impletely filled in by the and 2 should be filed will

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 7	9 - 0	9158	
I. DE	CEASED NAME FIRST	A	AIDDLE	L.	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
(TYPE	THEOI	OORE	F.	N	ICKOLS	APRIL	17.	1979	12:55
3. SE.	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
M	Male	White		Apri	1 12, 1905	711	YRS.	MONTHS DAYS	HOURS M
	SIRTHPLACE (STATE OR FOREIGN SOUNTRY)	76. CITIZEN OF		V2 8	NEVER MARRIED	Baltimore City of	OR COUNTY	OF DEATH	
	ity or town of death Baltimore	11. NAME OF H		SING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST O			ed
USU. 130. M	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	DR OTHER INSTITUTION,	GIVE RESIDENCE BEI 13c CHY OR TO Baltime	FORE ADMISSION) DWN OTO	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2049 Fleet	Stree	et	
14. FA	John Tohn	MODIE N.	ickols		15. MOTHER'S MAIDEN NA Caroline			Sturtt	iT
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS		
1	(YES, DO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	216-14-	-3215	Mrs Florence	J. Nickols	2049	9 Fleet	Stree
z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OF	R AS A CONSECURETHE	OUENCE OF AL STE			DITION GIV	EN IN PART 14	Q)
Ē	MYXEDEMA		NIC RE			V	Tank to ME	ALIEDE FILIE II	100111
CERTIFICATION	190 DATE OF OPERATION		TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO X	IN CERTIF	S, WERE FINDING YING CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFIC	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r	n APRI	e deceased from L 17, 19 ofter death.		RIL 7, 19 79 and that in (my) (our) opinion	death occurred on the d		r and from the	
	22b. SIGNATURE	Hu.				MEDICAL STA ☑ DIRECTOR ☐ PHYSK	CIAN		17-79
	224. PHYSICIAN'S NAME (TYPE	CHEN,				ADWAY, BAI			
1	BURIAL, CREMATION, REMOVA BURIAL	236. DATE		Cedar 1		23d LOCATION CITY OR TOWN Baltimor			STATE
24. F	UNERAL DIRECTOR	inc. 190	1-07°Ea	astern	Avenue AF	R 1 9 1979	256. RPC ST	RAR'S SIGNAT	HRE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



Cadicact prog total committee . and the second of the second o

est Torret 274-15-16-16:5 | Pr. Florence J. Helenin 2:17 March | Heart

STATE WINDERS OF SEMICENS Lilly & Youler Dr. 1901407 series wente APE 1970 - - -

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME P-R/17 24. DATE KNOWN X MOHTH 23. HOUR OF ESTA TAME OF MENT Kathy Noble 29 19 79 2d. HOUR & AGE (INTEREST IF UNDER 1 YR. DE UNDER 24 HRS. MONTH DIST DATE TAST BIRTHDAY 5:13E PRONOLINCED 29 1979 Female White DEAD BALTIMORE CITY OR COUNTY OF DEATH AN BIRTHPLACE LETATE OF MARRIED | NEVER MARRIED | **гольомтроинги** Baltimore City, DIVORCED WIDOWED L 12s. USUAL OCCUPATION ITHE OF WORK 12s. KIND OF BUSINESS HE CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore City University Hospital USUAL RESIDENCE OF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION 134 INSENT CITS-CIMITS? 13e. STREET ADDRESS TIB COUNTY 15. MOTHER'S MAIDEN NAME I FATHER'S NAME WEDDIE MIDDLE ADDRESS 166. WAS DECEASED EVER IN U.S. ARMED FORCEST IAL SOCIAL SECURITY NO \$ (# 103, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY. Cranio cerebral injury IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lest PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GOVEN IN PART 1 :-E DEPARTMENT OF HEALT PRIOR TO BLRIAL, CREMA 18s DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? TB: AUTOPSY? YES XX NO ... TIG EXTERNAL CAUSE WAS THE TIME OF INJURY ZECHOW INJURY OCCURRED LEMINE NATURE OF PRIVATE PRITEW IN PART 1 OR PART 21 HOUR MONTH DAY YEAR UNDERLYING XOR 29 10 79 CONTRIBUTING CAUSE OF DEATH 3:45 M. 4 pedestrian struck by auto THE PLACE OF INJURY INTHOME. TH LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) MHILE DOT WHILE 2800 Blk. Balto. Wash. Expwy. Balto City, MD street 77s. I certify that I took charge of the remains described above Undetermined manner Specide TITLE (SPECIFY) 4/30/79 M.D. Deputy Chiefencal EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) 30 BURIAL CREMATION REMOVAL 236 DATE 25a DATE REC'D. BY MEGISTRAR 175h REG DHWH - 17 (VR A15 ME (51) 15/67/76



FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-19160

		REGISTRAR				CERTI	ICAIL OF DEATH	REG. N	10.	J	0 0	1 0	U
1		CEASED NAME	FIRST		WIOOFE	L	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
	(1117		jorie	e '	W •	Nolt			4	18	79	2:0	M qOC
	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY	IF UNDE	DAYS	HOURS	R 24 HRS
1		Female		Whi	te	Dec	.31, 1923 YEAR	55	YRS		DATS	HOURS	MIN.
		RTHPLACE (STATE OR FO	DREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DE	ATH		
9		alto. Md.			USA	WIDOWE	DIVORCED [	Baltimore		ty			MD.
		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET / CK Home		OR OTHER INSTITUTION	12s. USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired	Schoo	I Te	KIND O DUSTRY <b>ache</b>	F BUSIN	ESS OR
5	USUA 130 S	AL RESIDENCE (IF NURS	136. COUN BE	rother institution	GIVE RESIDENCE BEFORE 130. CITY OR TOWN REISTET			13e. STREET ADDRESS 215 Be:	rryma	ns L	ane		
0	14 FA	Oscar		WIDDLE	Wiley		Bernice		ttin		LAS	)T	
5	160 W	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDR					
-	(Y	ESMO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-22-2	817	Mr. Thomas E	. Nolte Re	eiste	rsto	wn,	Md.	
		18 CAUSE OF DEAT PART I. DEATH W  3 40 -  Conditions, if ony, gove rise to imr couse (o), statin	/AS CAUSE IMMEDIA , which nediate	DUE TO, O	R AS A CONSEQUE	NCE OF	jle Sche	rols			18	ye a	DOEATH
2	CERTIFICATION	PART 2. OTHER SIGN	NIFICANT (				NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF Y	GIVEN IN I	E FINDIN	NGS USE	TH?
1	SE	210. ACCIDENT WAS UN	DERLYING [				21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 1	B, PART 1 OR	PART 2)		
		OR CONTRIBUTING		AIN	M. MONTH DA	Y YEAR							
	MEDICAL	21d. INJURY OCCURI	RED	21e. PLACE			211. LOCATION STREET	CITY OR TO	wn .	cou	YTAL	S	STATE
		22a.1 certify that (1) sow the decease above, (1) (we) (c 22b. SIGNATURE	ed olive on	1 8 1	DRIC 19		nd that in (my) (our) opinion of DEGREE  ATTENDING	death occurred on the c			rom the	that (I) (couses st	tated
1		22d. PHYSICIAN'S NA			Q ity		PHYSICIAN Z 22e. ADDRESS	} DIRECTOR □ PHYSI			1/18	(1)	7
	(5	Burial, CREMATION,	REMOVAL				emetery or crematory ent Grove	23d. LOCATION CITY OR TOWN Boring					TATE
1		INERAL DIRECTOR LINE Funer	al Ho	ome Rei	sterstown	. Md.	2136 PATE	REC'D. BY REGISTRAF	25b. REG	STRAR'S	SICNAT	ARE	4

Reisterstown, Md. 2136

Funeral Home

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

03100-	8 1			
-02:		NAME OF LOS		bloge:
		7,70,500	1	alian alian
	Mary many market and the second	TANK TANK		A .W .BF .
en son in	Tenning Tenning		enos kolkosti	d a deposit Full
	Kiristan U.S. et al.	The Street of th	.o.t.	a M. M.
	mžir <del>d</del> ani so	tame (Control		15 -0 2 3
. Programme	nionia offolia	mmaz .et hee.	e Constitution	
	•	and make	SULTE FAMILY	
Contract of the	APRILLESS SAFE	1 . Olya	ofmatalas are	Larry B. A. C.

Void 09162 1979 peatles

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 10 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 44 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

STATE OF MARYLAI
DEPARTMENT OF HEALTH AND M

ND FNTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10	9 - 0	9 1	63
1. DECEASED NAME (TYPE OR PRINT)	ALBER		M.	Noi	RTON.	2	DATE OF DEATH	MONTH 4	DAY YEAR		HOUR
3 SEX Male	4	RACE White		5 DATE C		R 6	AGE (IN YEARS LAST BI	RTHDAY)	MONTHS OF		URS MI
70 BIRTHPLACE (STATE COUNTRY)  Maryl  10 CITY OR TOWN O	and	U.S.		WIDOWE	D NEVER MARRIED DIVORCED DR OTHER INSTITUTION		Baltimore City	re Ci	.ty		10 11 15 05
Baltim USUAL RESIDENCE (	ore	North	charles Charles	Gene:	ral Hospita	(	Retired C		LIFE) INDUST		tion
130. STATE  Maryland	13b COUNTY	HER INSTITUTION.	Baltimo	/N	13d INSIDE CITY LIMIT YES A NO 1		6201 Loc	h Rav	ven Bl	vd	
14. FATHER'S NAME FIRST Willi	am Al	Lbert	Norton		Lessie	e e	WIDDLE		Telton	LAST	
160. WAS DECEASED (YES, NO OR UNKNOW NO	EVER IN U.S. ARME N) (IF YES, GIVE W	ED FORCES? AR OR DATES)	214-03-		Mrs Doro	thy 1	Brand 620:			ROXIMATE	
1 - 1	5.025	>			NOT RELATED TO THE	TERMIN	200 AUTOPSY?	20b. IF Y	ES, WERE FIN	NDINGS	
OR CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER)	P. 21e. PLACE	M. MONTH D. M. OFINJURY	19	21c HOW INJURY OC	CCURRE		URY IN ITEM 18.	YES []	N	0 🗍
220.1 certify the	of (I) (this hospital eccesed alive on did) (thi	) attended th	157 19	7 / 5	nd that in (my) (ow) op DEGREE ATTENDIT PHYSICIA	ING		dote and he			NED 1
K	2 1111	RMA	SENA.		Belliam	יאלני	, N. cha	els 212	187	,	
230. BURIAL, CREMAT (SPECIFY)  Burial  24 FUNERAL DIRECT		236 DATE 4/18			ine Park		23d LOCATION BALTIMO REC'D. BY REGISTRAI				STATE
NAME		luck In	c Balti	more,	3/ 3 3	/ DD	1	Riving .	tou So	RATURE	1

DHMH - 16 50M 1/76 (VR A 15 (4) )

Dr. St. Committee of the Committee of th O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

impletely filled in by the funeral director and 2 shauld be filed within 72 haurs af

injury, ar other traumatic event, the medical examiner

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-19164 7

									0.		
	CEASED NAME	FIRST		MIDDLE	U	AST	2a. DATE C		MONTH DA	AY YEAR	26. HOUR
(TYPE	Edmund		Roger	cs	Nova	ak		4-1	11-79		1/A
3. SE	X	- 11	RACE		5 DATE O	F BIRTH YEAR	6 AGE IIN	YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HI
Ma	ale		White	2		4-16	62		YRS.	ONTHS DAYS	HOURS MI
	IRTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIM	ORE CITY O	R COUNTY	OF DEATH	
/	ryland		U.S.A.		WIDOWE			imore	MXX C	itv	
	ITY OR TOWN OF DE	ATH I		HOSPITAL, NURSING		ROTHER INSTITUTION	12a USUAI	OCCUPATE		126. KIND (	OF BUSINESS
B:	altimore			nderwood I		lto Md. 2121			F WORKING LIFE)	Medi	cal
USU.	AL RESIDENCE (IF NUR	SING HOME OR C	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	C. A. Landing Control of					
	ryland	13b COUNT		Baltimo		134 INSIDE CITY LIMITS	13e. STREET	Under	wood R	d 2121	ति
_	ATHER'S NAME					15. MOTHER'S MAIDEN			1004 11		
E.	mil Novak	М	IDDLE	LAST		Elizabeth	Rogers	WIDDLE		LA	ST
16a. V	WAS DECEASED EVER	IN U.S. ARM	AED FORCES?	16b. SOCIAL SECUE	RITY NO.	17. INFORMANT	TOPETS	ADDRE	SS		
(	YES, NO OR UNKNOWN)		WAR OR DATES)	212-32-30		Jean W Nova	k 4303	IIndom	wood P	d 27 21	8
	162	MMII	•	1212-32-31	004	Jean w Move	4303	onder	wood N		MATE INTERVAL ONSET AND DEA
	Conditions, if any gave rise to imcouse (a), statuunderlying couse	mediate ng the e last.	(b)	R AS A CONSEQUE	RET NCE OF	tetie	Reg	5			
ATION	gave rise to im- cause (0), statu underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TE	ERMINAL DISEA			N IN PART 1	
TIFICATION	gave rise ta im cause (a), static underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, O	R AS A CONSEQUE	NCE OF				20b. IF YES,	WERE FINDI	
CAL CERTIFICATION	gave rise ta im cause (a), static underlying cause	mediate ng the e last.  NIFICANT CO	DUE TO, O  IC)  ONDITIONS CO  19b. COND	R AS A CONSEQUEINTRIBUTING TO DISTRIBUTING TO DISTRIBUTING TO DISTRIBUTION FOR WHICH OF INJURY M. MONTH DA	NCE OF		20a AU1	OPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gave rise to im cause (a), stating underlying cause PART 2 OTHER SIGNATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIX 21d. INJURY OCCUR.	mediate mg the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT CAL EXAMINER RED  WHILE MEED	(b)	R AS A CONSEQUEING TO DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DAM.	DEATH BUT I	N WAS PERFORMED	20a AU1	OPSY?	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
4	gave rise ta im cause (a), statiu underlying, cause (a). PART 2 OTHER SIG	mediate ng the e last.  NIFICANT CO  CAUSE OF DEAT CAL EXAMINER)  RED  WHILE D  Add dive an add (dd) (dd)	DUE TO, O  IC)  ONDITIONS CO  19b, COND  19b, COND  19b, COND  21b, TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUEING TO DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DAM.  OF INJURY REET, FACTORY, OFFICE, FACTORY, OFF	DEATH BUT I  OPERATION  AY YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCC  211. LOCATION	200. AUT YES  URRED JENTER N TO  TO  TO  MEDICAL	NO DIATURE OF INJUR	208. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI  Tote and hour	WERE FINDING CAUSES  TRI 1 OR PART 2)  COUNTY	NGS USED SOF DEATH? NO STATE
1	gave rise to im couse () staffi underlying couse () PART 2 OTHER SIG () 190 DATE OF OPERA () CONTRIBUTING () (IF EITHER, NOTIFY MEDIX () THE CONTRIBUTING () () () () () () () () () () () () ()	mediate mg the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT CAL EXAMINER)  RED  MILE DORK  AME (TYPE OR	DUE TO, O  IC)  ONDITIONS CO  196, COND  196, COND  196, COND  216, TIME O  HOUR A.  PRINT  Ottended the condition of the con	R AS A CONSEQUEING TO DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DAM.  OF INJURY REET, FACTORY, OFFICE, FACTORY, OFF	DEATH BUT I  OPERATION  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCC  211. LOCATION STREET  19 d that in (my) (war) opini PAREE  ATTENDING PHYSICIAN  22e ADDRESS	20a AUT YES  URRED JENTER N On death occurr MEDICAL DIRECTO	OPSY?  NO []  IATURE OF INJUR  CITY OR TOW  red on the do	208. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI  Tote and hour	WERE FINDING CAUSES  TRI 1 OR PART 2)  COUNTY	NGS USED SOF DEATH? NO STATE
MEDICAL	gave rise to im couse (1) statis underlying couse (2) PART 2 OTHER SIG (1) DATE OF OPERA (2) DATE OF OPERA (2) DATE OF OPERA (3) DATE OF OPERA (4) DATE OF OPERA (4) DATE OF OPERA (5) DATE OPERA (5) DATE OPERA (5) DATE OPERA (6) DAT	mediate mg the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT CAL EXAMINER)  RED  MILE CALE CONTROL  AME (TYPEOR  Freems	DUE TO, O  IC)  ONDITIONS CO  196, COND  196, COND  196, COND  216, TIME O  HOUR A.  PRINT  Ottended the condition of the con	R AS A CONSEQUEING TO DONTRIBUTING TO DONTRIBU	OPERATION  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  d that in (my) (perf) opini	200 AUT YES  URRED JENTER N  On deoth occurr  MEDICAL DIRECTO	NO DIATURE OF INJUR  CITY OR TOW  Red fon the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI One and hour	COUNTY  9  122c. DATE	NGS USED OF DEATH? NO STATE  that (I) Occuses stated  SIGNED
WEDICAL WEDICAL	gave rise to im couse () staffi underlying couse () PART 2 OTHER SIG () 190 DATE OF OPERA () CONTRIBUTING () (IF EITHER, NOTIFY MEDIX () THE CONTRIBUTING () () () () () () () () () () () () ()	mediate mg the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEAT CAL EXAMINER)  RED  MILE CALE CONTROL  AME (TYPEOR  Freems	(b)	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE	OPERATION  Y YEAR  19  ARM, ETC.)	211. LOCATION 211. LOCATION STREET  19 dd that in (my) (and opinion of the physician of the	ZOG. AUT YES  LURRED LENTER N  Son deoth occurr  MEDICAL DIRECTO  St Ba  RY 23d. LOC CITY	OPSY?  NO []  LATURE OF INJUR  CITY OR TOW  A CATION OR TOWN	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI  On the and hour  FF	COUNTY  WERE FINDITING CAUSES  COUNTY  PART 1 OR PART 2)  COUNTY  COUNTY	NGS USED OF DEATH? NO STATE

etained by the haspital or attending physicia

DHMH-16 50M 7/77 (VR A 15 (4))

Mitchell-Wiedefeld Home 6500 York Rd.



Agron Hopers News (211- 1/2 )  (aryling U.A. Signa Kill Salto Md. 21210 arrows (189 )  altinore (303 Underwood at Balto Md. 21210 arrows (21210 )  aryling — Baltinore X (4503 drawsood 24 21210 )  (arth Norac Salt (210-12-70)4 Jein w Nov.N 4303 uncertoon (1212)   (arch W Nov.N 4303 uncertoon (1212)   (arch Fronges Salt (122) (122)   (arch Fronges Salt (122) (	į.	3160-61				
Section   Sect	4.11	V=11=7	the street			
Sellinore NAME INTO THE TWOOD AND SELLINOR A			I I	93	ALL ALL	pran
actinoce (303 inderwood of Bairo Mil 17218 pin one condition only ton)  A Silvery Mill (210-12-19) and Mark Mark Mark Mark Mill (210-12-19) and Mill (210-12-19) an	V0.1	J MACK property in				
Yes the second teach will see the second teach will be seen to see the second teach teachers and the second teachers are second to second teachers.					EDEA	anon/J/se
Yes 12 - 22 - 2004   Jean of Boys   6303 unurroom   12   12   12   12   12   12   12   1	State of			rion la Lied		hmolym-
12 - 12 - 12 - 12 - 13 - 13 - 13 - 13 -						Mayon Lini
			man pro			

Complicated to the control of the co

E.

Son

Dabrowski

(VR A 15 (4))

STATE OF MARYLAND

English Branch Tells (1996) 11 Sept 1996 Billing a Committee of the Committee of Supplier State of the State of I MINIST MAIN A ROUTE BY A MARK THE SECOND AND A SECOND ASSECT AND A SECOND AND A SECOND ASSECT off the first party and the A PROPERTY OF THE PROPERTY OF per in the first transfer of the first transfer of

STATE OF MARYLAND

88163-81 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09167

CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH L DECEASED NAME TYPE OR PRINT) GRACE OSBORN G. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS female white Mar. 29, 1917 62 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore City Maryland 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION Condon Fog Mfg. 1214 Northview Rd. Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d INSIDE CITY LIMITS? 1214 Northyiew Rd. 13b COUNTY IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Elsie Ernest Quast Beck 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) Mrs. Linda White (IF YES, GIVE WAR OR DATES) same 215-03-9155 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (a), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, and that in (my) (aur) apinion deoth accurred on the date and from the couses stated saw the deceased alive an\_ obove, (I) (we) (did) (did not) view the body ofter death 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. W. H. Townshend, Jr. 14 E. Eager St., Balto., Md. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (S'Burial Baltimore 4-5-1979 Parkwood Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detor

MPORTANT

shov

FOR

- STATE

24. FUNERAL DIRECTOR Leonard J. Ruck. Inc.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Balto., Md.

	a field of straight		0	21.A	
		TORE . 25 . 1517		ed law	
	Vill Promit (4)	4		ABU	har-yand
re out molente.	seres. Sales	. 6E wo.			. C = 17
	weight Homewhere	×	.07155	pend on to spent grows	
	agen cine				
	er 20. oklas. de	un a vi	• 3	Capitaliko-	
				441 5 U	18.11

. mil intil . b formal.

6010 REISTERSTOWN RD., BALTO., MD 21215

FOR

- STATE

DHMH - 16 50M 7/77 (VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

12b. KIND OF BUSINESS OR

NONE

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

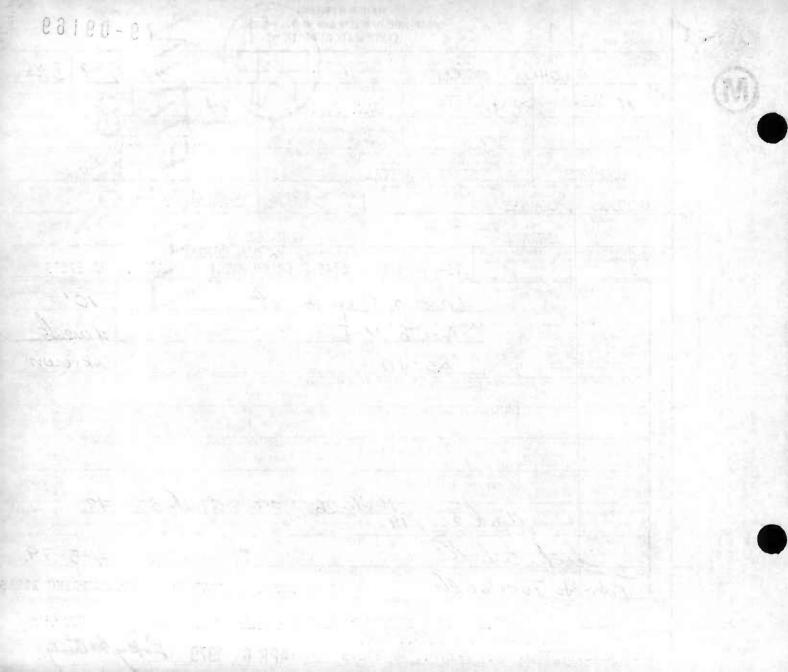
COUNTY

22c. DATE SIGNED

MARYLAND

DAYS

INDUSTRY



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09170

		REGISTRAR		CERTIT	ICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	MIDDLE	t.	AST	2a. DATE OF DEATH M	ONTH DAY	YEAR	26. HOUR
	(IIIE	Minnie	Etta		ace	April		79	1;40Pm
- 1	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHE	MONTH	DER 1 YEAR	
		Female	White	1/9	9/1880	99	YRS		HOOKS MIN.
1		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF	DEATH	
3	V	/irginia	U.S.A.	WIDOWE	DIVORCED	Baltimo			MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	E STREET ADDRESS)		12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY	OF BUSINESS OR
4		Baltimore AL RESIDENCE (IF NURSING HOME OR	Belair Con		rium	Н	ousewi	LIE	
1	13a S	Maryland Bal	ITY IBC CITY O		13d INSIDE CITY LIMITS? YES TO NO 💢	13e STREET ADDRESS 220 Detro	i + 7\ 7.7/	2	21222
1		4	co. Duik	Jain	YES NO X		TC AV	- ·	21222
2		THER'S NAME Granville	Brod	NST.	FIRST	MIDDLE		D LA	oks
6	C	Franville			Laur			Bro	OKS
7	16a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMANT	ADDRES	s Dunda	a 1 k	МА
1		No		09.6963	Harvey M.	Pace 257 C	olgate	e Av	
		18 CAUSE OF DEATH (Enter on PART ), DEATH WAS CAUSE	ly one cause per line for (a),		2	04 5434	-	BETWEEN	NIMATE INTERVAL NONSET AND DEATH
			E CAUSE (a)	ASCI	D with L	old MI's.			
		4148	DUE TO, OR AS A CON	NSEQUENCE OF					
		Conditions, if any, which	( h	102002110201					
		gave rise to immediate		1550.151.165.05					
		cause (a), stating the underlying cause last	DUE TO, OR AS A CON	NSEQUENCE OF					
		PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN I	N PART 1	la
	NO N								
43	ATI	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
4	CERTIFICATION					YES NO	YES _		NO [
100	CER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	TH DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	P.M.	IN DAY TEAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
	ME	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	1 (	OUNTY	STATE
		22a.1 certify that (1) this haspi	tal) attended the deceased	from	3-1- 19 70	to	15 19	70_	, that (we) last
		sow the deceased alive an	41 - 15	19 79 0	nd that in (my) (our) apinio	death occurred on the dat	e and hour and	d from the	e couses stated
		22b. SIGNATURE	Jain		DEGREE	4			ESIGNED
		//N	any	N		DIRECTOR PHYSICI		4-	16-79
1		22d. PHYSICIAN'S NAME THE	EPRINT		22e. ADDRESS	- t . 1.		112	2/1
		lose AKS	12 14C	10	7838 80	stern A	re i	ムノス	.24
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NTY	STATE
		Burial	4/18/1979	Oak L	awn Cemeter	y Baltimo	re		Md.

Md

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

FOR - STATE

24 FUNERAL DIRECTOR
NAME
Walter Br Inc. Brooks Bradley Dundalk, BY REGISTRAR 256, REGISTRAR'S SIGNATURE



IN USA MAKE OF BUILD

		O (						
	1929	E Ilraa				nel	Strart	
				orer, el g	D.C.	esta.		plant
		ore Class						
	io	gobasii	19921	Lasique		id beinigr	NA.	BAOBLILEE
	100	Szlyfa				ifad)		bredgan
			rulhes).	telun		77080	da Espera D	7415
		eso. Itt		Albertin.				0)
				Nultiform, I	TAMOS KILT	÷ 7		
	7.		propert tul	edsion of the	Mich Clo	mioto,,	77.67.7 72.67.7	E nois# S lingk
×	79	C T, ' ~	roa.	NX VYEN	ido"	12 24	EUN KKKK	*
07=0	S-b	30%						
	i.a	·	Terror bus	Leans pla		.4.0	server.	
		- Ul-						

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09172

	1 -	REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. N	10				
		CEASED NAME FIRST	T A	NIDDLE	- (	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR
	(TYPE	OR PRINT) Mar	y The	eresa Pa	arks		3.00		04	01	79	3:3	BOAM
	3. SE>	(	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BH	RTHDAY	_	ER 1 YEAR	IF UNDER	
		Female	W I	nite	12	27	ď4°	74	YRS	MONTHS	DAYS	HOURS	MIN.
5		RTHPLACE (STATE OR FOREIGN PUNTRY)	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M.	ARRIED   DRCED	Baltimore city	_		ATH		MD.
7	W	tyortown of DEATH	II. NAME OF H	OSPITAL, NURSING HEACILITY, GIVE STREET	G HOME C		TUTION	12a. USUAL OCCUPAT	TION	12b.	KIND O DUSTRY H OM	F BUSIN	
4		AL RESIDENCE (IF NURLING TO				OGIPOI							
5	Ma	ryland B	altimore	2123	+	120		2292-E	Lowe	11 R	lidg	ge R	d.
0	14 FA	Anthony	WIDDLE	Baugh		Eli	MAIDEN NAM		J	Herg			er
A	16a W	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMAN		ADDR			2123		11-1-1
6	N	Ö		213-74-	-8673	Willi	am J.	Parks22	92-E	Low	rell	. Ri	dge
	0.0	18 CAUSE OF DEATH (Ent PART I. DEATH WAS C) IMME Conditions, if ony, whice	DUE TO, OF	Ca of t	ne c	o}on w	ith me	etastasis			ETWEEN	MATE INTE ONSET AND	DEATH
		gove rise to immedial couse (a), storing the underlying couse los	DUE TO, OF	R AS A CONSEQUE		NOT RELATED T	O THE TERMI	IN AL DISEASE OR CON	VDITION (	GIVEN IN	PART 1(c	0)	
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? YES NO	IN CER	YES, WERE	E FINDIN CAUSES	NGS USE OF DEA	TH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( { IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A./	m. MONTH DA m.	Y YEAR	St. 18		ED (ENTER NATURE OF INJ	URY IN ITEM 11	B, PART I OR	PART 2)		
	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.]	21f. LOCATION	V	CITY OR TO	)WN	COL	UNTY	S	TATE
		22a.1 certify that (1) (this saw the deceased all above. (1) we add to	11-1-	79 19		DEGREE	, 19	, to	AFF		rom the	that (1) (couses st	loted
1		Walker	Impaglia	telli,	MD	22e. ADDRESS		spital Co			-//		
	24. FU	SURIAL, CREMATION, REMO SPECIFYI Urial UNERAL DIRECTOR	April	3, 79 I	lew (	Cathedr	250. DATE	23d LOCATION CITY OR TOWN Baltime REC'D. BY REGISTRAL		COUNTY M	ST AT		TATE
	Wl	lliam E. J.	ohnson 8	521 Lock	1 Ka	neu Pri	ral. ND	P 2 1979	-	1.			1

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

57120-	- 0 1			Curr Se No Triple (AASSII (NOTS)		
01 79 3 330	10			aitra9. Ev	The sound have	
		AV	10 73	12	of Land	Fernie
	e phili e sad Littacionis				. 4. 6. 0	brelyzad
	eniwon					promitist
by antis L	lowor a-S	222		H. Salt	nal-face :	bastyusa
esteau rema			Savil.			veroritina.
Dis liewou	H-2252-1		mailaik	the state of the same of	Pa (mad gland glan	
	Re Ce					
41/11				- V		
41/114				N.		

injury, or other troumatic event, the medical

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09173

		REGISTRAR CERTIFICATE OF DEATH REG. NO.							
-		EASED NAME GLAD	YS "	PA	RS	SN	20. DATE OF DEATH MONTH DA	Y YEAR 79	26 HOUR 2 HOAM
	3. SEX	FEMALE		uc.	S. DATE C		66 YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	COLINTRAL			SA   MARRIED   NEVER MARRIED   NEVER MARRIED		Baltimore city or county of Baltimore city or county or	it 4	, MD.	
2	B	actimure		OSPITAL, NURSIN HFACILITY, GIVE STREET A		or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	INDUSTRY	HOME
3	13e. ST	RESIDENCE (IF NURSING HOME OR TATE 136. COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	13e. SETTO FOREAURELWOO	D AVE.	#21209
G	14. FAT	MÄX MÄX	AIDDLE	WOHL		BELLET	ME OF GLADYS PARSO		KNOWN
	16a. W (YE	AS DECEASED EVER IN U.S. AR.	WED FORCES? WAR OR DATES)	213-60-		c/o MRS. TE	RRI GOLDBLOOM		CIMATE INTERVAL ONSET AND DEATH
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OF  DUE TO, OF  DUE TO, OF  CC  ONDITIONS CC	AS A CONSEQUE	NCE OF		horaco - yinal aurta AINAL DISEASE OR CONDITION GIVE	i. 1	
	MEDICAL CERTIFIC	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   YES   NO   YES   NO   YES   NO    210. ACCIDENT WAS UNDERLYING   YES   NO   YES   NO   YES   NO   YES   NO    210. ACCIDENT WAS UNDERLYING   YES   NO   YES   Y						STATE STATE that (I) we) last e causes stoted	
		GERARD /-	PRINT)	eduil	0	The ADDRESS	nai Hospy	he '	
	(5)	urial, cremation, removal BURIAL	MAY2,	1979 E	ETH .	TEMETERY OR CREMATORY  JACOB ANSHE VI	ESHEAR ROSEDALE	BALTO.	
	24. FU	FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.							TURE

MD 21215

1979

MAY 8

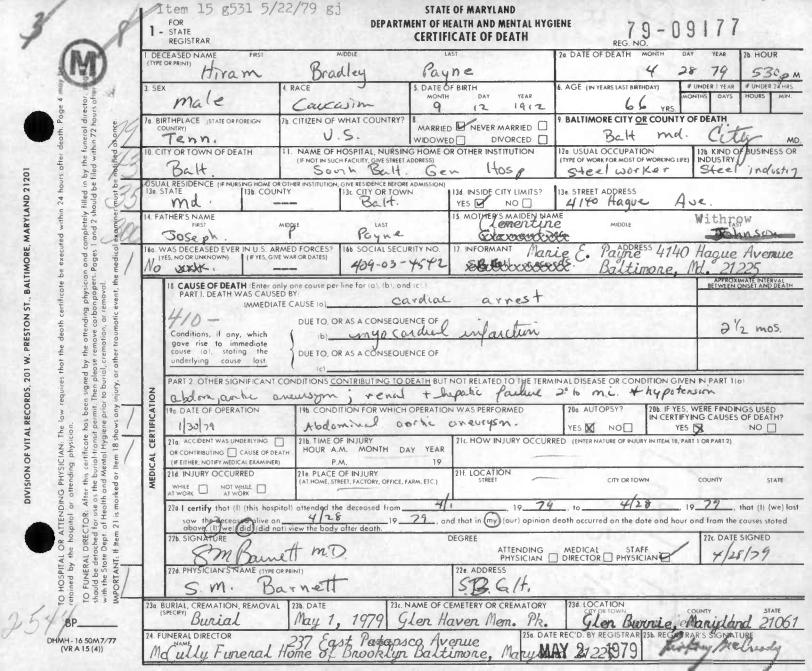
DHMH - 16 50M 7/77 (VR A 15 (4))

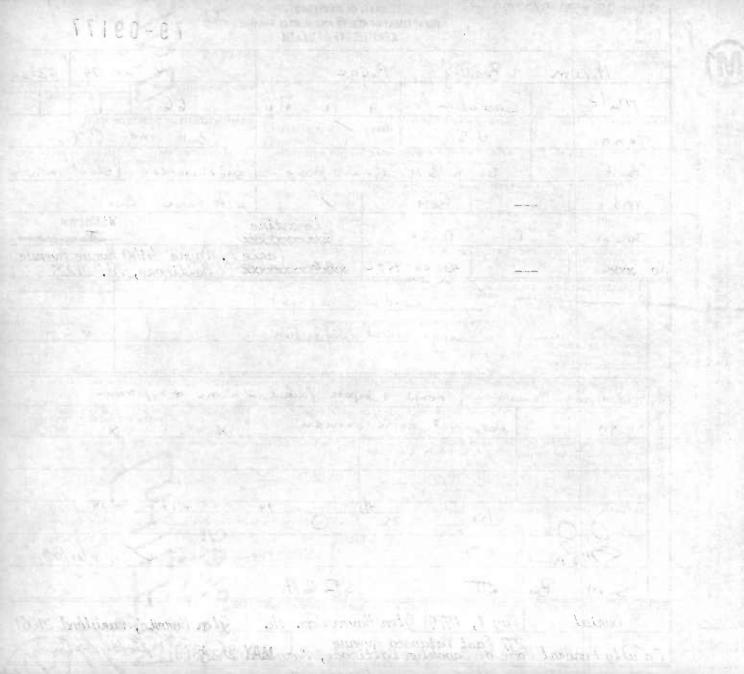
6010 REISTERSTOWN RD.

79-09173	A STATE OF THE STATE OF T	
	works and the second of the se	
Waster Committee		
		A Direction
	E MARCHE MARKET IN THE COMMENT	
The second second	YAM	manufacture 21

79-09175

3 1 1 2 0 - 2 1 7 8 - 0 2 1 7 8 Epister Eller Land House of Landers ESTATE A LOUIS STATE STATE A TOTAL ESTABLISHED A TOTAL Patrick Market And Control of the Co Recognish the second of the se The centile of the second The State ( Secretary ) and the first of the sold of the the state of the state of





OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directly should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

FOR

STATE	OF.	88 8	DVI	AMP
SIAIR	ur	JTR 6	LKIL	ARU

DEPARTMENT OF REALTH AND MENTAL HYGIENE

170

	TATE EGISTRAR	2		DLI ANTI	CERTIF	ICATE OF DEATH	RE	79-U	911	0
I. DECEA (TYPE OR F	ASED NAME PRINT)  CH	FIRST		AIDDLE	PE	ARL	2a DATE OF DEA	TH MONTH D	YEAR 79	26. HOUR 8. 50 PM
3. SEX	Male	4. F	RACE XX	White	S. DATE C		6. AGE (IN YEARS LA		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	anyland		- (	WHAT COUNTRY?	WIDOWE		017	TY OR COUNTY		MD.
10. CITY	SATIM	OFE	SIF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION	P Pachine	JPATION AOST OF WORKING UFE 2 Uperato	INDUSTRY	per and
	iland	NG ME OR OTH HE COUNTY Anne A	1 1	GIVE RESIDENCE BEFOR	/N	134 INSIDE CITY LIMITS?		enbrook L	Drive	Brass 21061
I4. FATHI	er's NAME Jeorge	MOC	älvin	Pearl		15 MOTHER'S MAIDEN N	May		Shrin	ier
160. WAS (YES,	DECEASED EVER	N U.S. ARMEI		215-10-0	DE 1221	Mrs. Willia	glen Bi	m/'a1 /	urnbro	. 21061 ok Drive
9 0 PA	conditions, if ony, gover rise to imm ouse (o), stating inderlying cause	ediote g the lost.	DUE 10, O	RAS A CONSEQU RAS A CONSEQU	ENCE OF	PULMON FATTY NOT RELATED TO THE TEN	LIVER	CONDITION GIVE	EN IN PART 11	al
RTIFIC	DATE OF OPERAT	5.5	196 CONDI		OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES	, WERE FINDI	
MEDICAL NE	R CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	ED	P 21e PLACE		19	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	sow the deceose obove, (1) (we) (d	d alive on	in the later	4/30/ 197	111	nd that in (mg) (our) opinion				that (we) last ecauses stated
22	MENONS NA MOHAN	ME (TYPE OR PR	P. G	HEBA.		ATTENDING PHYSICIAN  22e. ADDRESS  3 001	S. Hanol	200	Ball	20/19 2- MD
23a. BUR (SPEC	Burial	REMOVAL	5/3/7		NAME OF C	emetery or crematory	nk Donsey	Howa	county /	lary taind
AA #	eral director willy Fun	237 E	Pata ome of	ADORESS!	rue Ba		ATE REC'D. BY REGISTALY 2 197	- 1 - No. 1	RAR'S SIGNAT	Cready

MAY 2

1979

BP DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician

TO HOSPITAL

The state of the s	STATE OF STATE	STARLE TO STARLE
		Aarsh, I
×		Northwest .
The record of additions are the control of		SANNIE LA
YARE BUSH AND VOIL VEN X	العامة والمناسيد	san land soil
- la - vitte - skrivus Alge te vitte, l'accelunt ditô f	in home minds	The state of the s
when the constant the contract of the contract	2/5-1/2/2	
A I WA	N. S. A.	
e to the total of the		
		Carrier 1
was the the mount of fixed.		3
Tablema Semila para dan merupa		14
The state of the s		m Alexander to the

b	1.	FOR STATE REGISTRAR			TMENT OF H	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE Reg. 1	79-0	9179	
4. m.£		CEASED NAME FIRST OR PRINT]		MIODLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	+
moy be poge 3 er deoth		EDWA				ARSON		4-5.	74 10	AM
ge 4 ma ector, pr	3. SE	MALE	4 RACE BLAC	CK	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF U	THS DAYS HOURS	MIN
deoth. Po	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY	? 8. MARRIE WIDOWE	NEVER MARRIED [	BALT.	_	DEATH	MD.
offer of		BALT,	11. NAME OF	CH FACILITY, GIVE STRE	ET ADDRESS)	PITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE)	12h. KIND OF BUSINES INDUSTRY	SOR
rilled in the outst be filled in the outst be	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUL	R OTHER INSTITUTION	AC 1	ORE ADMISSIONI	13d. INSIDE CITY LIMITS			EST 2	121-
MARYLA ed within mpletely i ond 2 she	14. FA	THER'S NAME FIRST	MIDDLE	LAST	8	15. MOTHER'S MAIDEN			LAST	
LTIMORE, Post of the medical e		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	214 61	2666	17. INFORMANT MARZY	Pearson		Monroe.	
201 W. PRESTON ST., BA es that the death certificate ted by the attending physic please remove corban pap urial, cremation, or removal , or other troumatic event, t	NO	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O  (b)  DUE TO, O  (c)	DR AS A CONSEO	UENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIVEN	APPROXIMATE INTERV. BETWEEN ONSET AND DI  3 MCM+	_
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NOT		ERE FINDINGS USED G CAUSES OF DEATH	?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require r oftending physicion. Been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to be orked or them 18 shows any injury	MEDICAL CER	27a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P. 21e. PLACE	.M. MONTH .M. OF INJURY	19	21f LOCATION	URRED (ENTER NATURE OF INJU			10
DIVISION PROPERTY After the e os the morked of morked of the morked of t	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	# 5	STREET	CITY OR TO		COUNTY STAT	
VITEN(TOTAL) Spriot CTOR: for us of He.		22a. I certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (Gid) (did no 22b. SIGNATURE	4 1 5	5 1 19	79 , 01	nd that in (my) (our) opini	on death occurred on the c			,
the Phil		CIARY !	Han	Man	1	ATTENDING PHYSICIAN  1226. ADDRESS	MEDICAL STA	CIAN X	122c. DATE SIGNED	9
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote IMPORTANT:		CARY ALAM	MAN	KO, W		UNIV O		HO HO	SPITAL	
BP	(	urial, cremation, removal Burial	236. DATE 4-9-7			emetery or cremator s Mem. Par	ck Balto.		NTY STATE	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU	narles A. Ri	ce 130	00 Euta	w Pla		DR 4) 1979		SSIGNATURE	

	0.0000000000000000000000000000000000000			
	A B B			
				To not
	Contract to the		1. 11	1831
	Marine alleren in gre-	1 74	no Nav	100
		A CONTRACT	6 10	
	diagnosis			
			r/fi walle	of other
[2] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2				
The state of the s				

Baltimore Baltimore City Hospital  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136, CITY OR TOWN 136, CITY OR TOWN 136, CITY OR TOWN 136, CITY CITY LIMITS? 136, STATE 136, CITY OR TOWN 136, CITY CITY LIMITS? 136, INSIDE CITY LIMITS? 136, INSIDE CITY LIMITS? 136, INSIDE CITY LIMITS? 136, INSIDE CITY LIMITS? 136, STREET ADDRESS 1018 N. Augusta Average and the property of the property o	The first
Robert Henry Peebles  3. SEX  4 RACE  5. DATE OF BIRTH  WONTH DAY  YEAR  12 16 1935  70. BIRTHPLACE (ISTATE OR FOREIGN COUNTRY)  Va.  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE SERVER ADDRESS  Baltimore  12. NAME OF HOSPITAL  13. STATE  Baltimore  Baltimore  City  Hospital  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE SERVER ADDRESS  MACRISCO  13. SEX  4 RACE  5. DATE OF BIRTH  YEAR  MARRIED   NEVER	180
Male  Black  To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Va.  U. S. A.  WIDOWED DIVORCED DIVORC	1 605 PM
76. BIRTHPLACE (STATE OR FOREIGN Va. U. S. A. WIDOWED DIVORCED Baltimore City  Va. U. S. A. WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH  10. CITY OR TOWN OF DEATH  Baltimore City Hospital  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVER RESIDENCE BEFORE ADMISSION)  136. STATE  136. CITY OR TOWN  Baltimore City Hospital  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVER RESIDENCE BEFORE ADMISSION)  136. STATE  137. CITY OR TOWN  Baltimore  136. STATE  137. CITY OR TOWN  Baltimore  137. CITY OR TOWN  138. INSIDE CITY LIMITS?  138. STREET ADDRESS  147. FATHER'S NAME  FIRST  SIGNOY  Peebles  Catherine  Vauge  Yes Korean  157. MOTHER'S MAIDEN NAME  FIRST  (YES, NO OR UNKNOWN)  168. WAS DECEASED EVER IN U.S. ARMED FORCES?  169. SOCIAL SECURITY NO.  177. INFORMANT  ADDRESS  ADDRESS  Yes  Korean  178. CITIZEN OF WHAT COUNTRY?  188. MARRIED   NEVER MARRIED   N	
Baltimore	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  13d. STREET ADDRESS  15d. MOTHER'S MAIDEN NAME  Catherine  Vauge  Vauge	MD. D OF BUSINESS OR RY
Md.   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS   1018 N. Augusta Average   136. STATE   136. STATE   1018 N. Augusta Average   136. STATE   136. STATE   1018 N. Augusta Average   136. STATE   136. STATE   136. STATE   1018 N. Augusta Average   136. STATE   136. STA	
Sidney  Peebles  Catherine  Vaus    Comparison of the property	ve.
The street of th	ghan
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)  BETWE	4
	ROXIMATE INTERVAL EN ONSET AND DE ATH
DUE TO. OR AS A CONSEQUENCE OF Intracerebral hemorrhage  Conditions, if ony, which gove rise to immediate  Conditions if ony, which gove rise to immediate	
	1(a)
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIN IN CERTIFYING CAUS	
THE STATE OF STATE OF THE STATE	2]
TO NO STREET STREET CITY OR TOWN COUNTY  ON THE STREET STREET STREET COUNTY  ON TO STREET STR	STATE
220.1 certify that (1) (this haspital) attended the deceased from ON Rery 1719 79 saw the deceased alive on April 1719 79, and that in (my) (our) apinian death accurred on the date and hour and from the above. (1) (we) (did) (did not) view the bady after death.  220. DA	_, that (1) (we) last the couses stated
OF THE STAFF WILL STAFF WILL STAFF	ATE SIGNED
PHYSICIAN   DIRECTOR   DIRECTOR   PHYSICIAN	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. LOCATION CITY OF COUNTY  1236. LOCATION CITY OF TOWN  12	y, Mď.
DHMH-1650M7/77 (VRA 15(4))  DHMH-1650M7/77 (VRA 15(4))  DHMH-1650M7/77  Wm. C. March F/H 1101 E. North Ave.   250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR 25	-

08180-81			
		SI WAY	Typids A. C. C.
43	2 16 1935	doc	Mele
Baltimore Clty		, A , A ,	W. W
			E a exceptifel
018 H. Augusta Ave.			
rengueV	Catherina	3-11-5	Sidn y
s 1437 Kitmor Nd.	7 Ervin Rol	270-34-673	Yes Karran
		and the second	
Baltimore County, 28d.			

18180-6.

and the second second

**DHMH-16 20M** 

(VRA 15, 4) 7/78

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09183

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HR 26 1900 Female Black. 78 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City S. C. WIDOWED DIVORCED II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONIL 130 STATE 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 1930 Aisquith St. Md YES THE I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Hopkins Traylor John Lvdia ADDRESS Ián WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWN) I LIE YES GIVE WAR OR DATEST Ethel Traylor 1930 N. Aisquith St. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF x ferres Canditions, if any, which gave rise to immediate couse lat, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

7	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERM	NAL DISEASE OR CONE	ITION GIVEN IN PART 1
10					
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED		206. IF YES, WERE FINDS IN CERTIFYING CAUSE
RTIF				YES NO	YES 🗌
<u>u</u>	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	211 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)

220. | certify that (1) (this hospital) attended the deceased from

MEDICAL

AT WORK

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

DSSAWUNE

(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR

MEDICAL

12

-6-

and that in L

**CEGREE** 

211 LOCATION

CITY OR TOWN COUNTY STATE

20h. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

4-14 saw the deceased alive on. abave, (H (we) (did) (did not) view the body after death 226 SIGNATURE

ATTENDING TA

205 B+A

DIRECTOR! | PHYSICIAN!

Anne Arundel County STATE Md.

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 4/18/79 Mt. Calvary Cem. Burial

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

law apinion death occurred on the date and haur and from the causes stated

STAFF

24 FUNERAL DIRECTOR 1101 E. North Ave. C. March F/H

21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

production of the second contract of the seco

Baltimare, Md.

MAY 4

FOR

(VR A 15 (4))

Leonard J. Ruck, Inc.

STATE OF MARYLAND

## CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I. DECEASED NAME PEARL PHTT. TPPI A. LTYPE OR PRINTS 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 1920 Female White To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland WIDOWED DIVORCED | IN GATY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) ""Union Memorial as Hospital Baltimore Housewife. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 5217 Todd Avenue P Maryland Baltimore NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elizabeth Elkton Edwin Wheeler Eva ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-14-0253 Mr. Elmer H. Philippi 5217 Todd Avenue No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY Heaanc IMMEDIATE CAUSE 10 Ethandic Conditions, if any, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 20h. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a. | certify that ( finis haspital) attended the deceased from saw the deceased alive an and that in least four apinian death occurred on the date and hour and from the causes stated above, (we) (did (did not) view the bady after death 22b. SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial CITY OR TOWN 4-7-1979 Parkwood Baltimore 250. DATE REC'D. BY REGISTRAR 256. PLOIST AP'S 24. FUNERAL DIRECTOR DHMH-16 20M Leonard J. Ruck, Inc. 5305 Harrord Rd. Balto: Md.

- STATE

(VRA 15, 4) 7/7B

HOUR

IF UNDER I YEAR

YRS

IF UNDER 24 HRS HOURS

Gossman

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

Maryal and

YES [

COUNTY

COUNTY

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

20

APR 6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDUSTRY

12b. KIND OF BUSINESS OR

and the second

Brown Moxfund 206-08 W

DHMH - 16 50M 7/77 (VR A 15 (4))

08120-31			
A SUPERING			
		5.	2.60
	Well-	2 1	Market State
	ing the speakers of the second		
	and the souls	W	
All the American	THE THE		
MEN'S Y	4		
	1	11 6 7	

DHMH - 16 50M 7/77 (VR A 15 (4))

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09188

Y	1-	STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	19-031	00
	(TYPE	EASED NAME FIRST OR PRINT)	2	P	ike	LAST	4/9/7	MONTH DAY YEAR	10 28 AM
	3. SEX	female		rite	MONT 10	OF BIRTH  H DAY YEAR  20 Z/	6. AGE IN YEARS LAST BIRTI	YRS. DAYS	
35	13	RTHPLACE (STATE OR FOREIGN	91.	WHAT COUNTRY	WIDOW	ED DIVORCED	Da TIMO	re(ity	MD.
1		Baltomore city	(IF NOT IN-SUC	HEAGILITY, GIVE STREE	TADDRESS)	C. Ly Wospix	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	FWORKING LIFE) INDUSTR	OF BUSINESS OR
35	USUA 13a. S	LRESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS? YES ☑ NO □	3475 H	dson G	2.
to	14 FA	THER'S NAME	MIDDLE	RVAN		15 MOTHER'S MAIDEN NAM	WIDDLE	Garris	AST SON
1	16a. W	(AS DECEASED EVER IN U.S. AR ES (16 YES, GIVI	MED FORCES? E WAR OR DATES)	166 SÓCIAL SEC	URITY NO.	Jasephine	Morkan	1113S.F	DXIMATE INTERVAL N ONSET AND DEATH
	NOI	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	(b) DUE TO, O	R AS A CONSEQU R AS A CONSEQU DINTRIBUTING TO	JENCE OF	T NOT RELATED TO THE TERMI	inal disease or cont	DITION GIVEN IN PART	1(o)
9	CERTIFICATION	190 DATE OF OPERATION	19b. COND	THON FOR WHIC	H OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH	DAY YEAR		ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	n county	STATE
		220.1 certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no	April	919_	10	and that in (my) (our) opinion d	eoth occurred on the do	-	-
		22b. SIGNATURE	) . 7	lon	· 1	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F . 1	9 75
						MA. ADDDECC			1
1		224 PHYSICIAN'S NAME (THE C	26	DON		Baltim CEMETERY OF CREMATORY	Dre Cit	y Hosp	ital.

88180-81

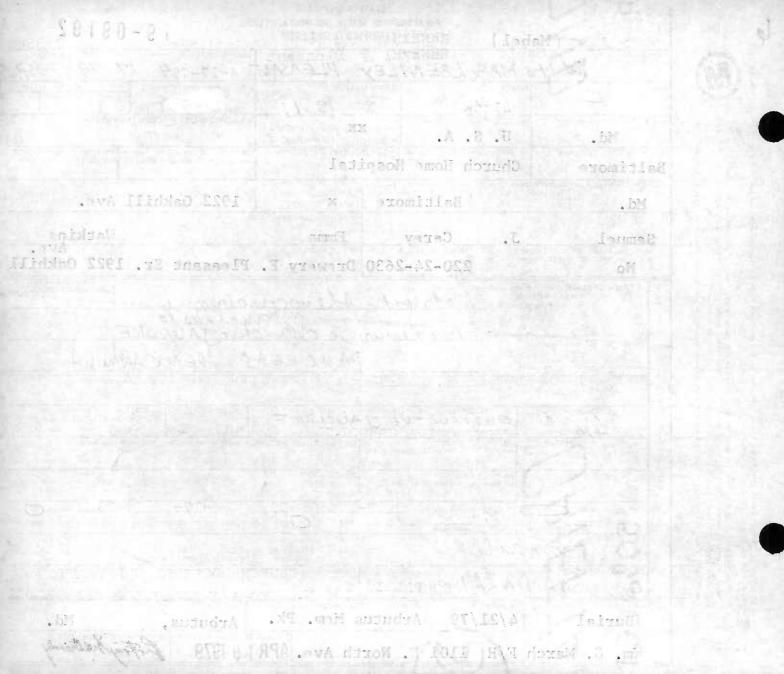
STATE OF MARYLAND 79-09189 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDOLE 2a. DATE OF DEATH MONTH 3:04 (TYPE OR PRINT) April 25, 1979 Pilarski Frank Α. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4 RACE IF UNDER 24 HRS. August 28. 1887 Male Caucasian To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED | U.S.A. Maryland WIDOWED Baltimore. City DIVORCED [ IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Machinist COntinental Can Co. Baltimore City Melchor Nursing Home BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 1136. INSIDE CITY LIMITS? Maryland 117 S. Collington Avenue Baltimore City 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elizabeth MIDDLE Pilarski Kujawa Michael ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WWI Nrs. Bernardine Crutchley, 730 Glenwood St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: You minutes IMMEDIATE CAUSE (a DIVISION OF VITAL RECORDS, 301 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF or othe underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION S. S PENP 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO | 4S 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d, INJURY OCCURRED 21e. PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK June 220.1 certify that (1) (this traspital) attended the deceased from saw the deceased alive an APP 2 4 19 saw the decreased alive an abave. (It was all (did not) view he body after death. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. IF O FUNERAL PIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS morman MATION, DEMOVAL 23c NAME OF CEMETERY OR CREMATORY Ziu. BURIAC 23b. DATE STATE COUNTY Burial St. Stanislaus Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (41) M.F. Sadowski & Sons, 1808 Eastern Ave. 21231

	1		FOR		DEPA		E OF MARYLAND IEALTH AND MENTAL HYG	SIENE	79-0	0100	
		1 -	STATE REGISTRAR			CERTII	ICATE OF DEATH		7 9 - U	9136	
	Ī		CEASED NAME FIRST OR PRINT)	M	IDDLE		LAST	20. DATE OF D		AY YEAR	2b. HOUR
	L	(1),	ANTHONY	ALLEN	1	pindel	.1	april	9 1979		9:41P
	- 3	B. SE		4. RACE		5. DATE O		6. AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		-	ALE	NEGRO			/ //		YRS. CITY OR COUNTY	05 05 4 711	13
3	5	C	RTHPLACE (STATE OR FOREIGN DUNTRY) ARYLAND	76 CITIZEN OF V		MARRIE WIDOW	D NEVER MARRIED		IMORE CI		M
3	20	0 C	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NUI	RSING HOME	OR OTHER INSTITUTION	12a. USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKING LIFE		OF BUSINESS OR
must be notifi		USU	AL RESIDENCE (IF NURSING NOME OF TATE	OR OTHER INSTITUTION,		EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS		
- Annual of the state of the st	2/	4 FA	THER'S NAME  FIRST  UNKNOWN	WIDDLE	LAST		15 MOTHER'S MAIDEN NA RITA		WIDDLE	PINDÉ	5 <sup>1</sup> ,T.
ž D	4	An V	AS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIALS	ECURITY NO	17 INFORMANT		ADDRESS	* ************************************	بدر
	2	()		VE WAR OR DATES)			RITA PINDELL	84 Clay	Street A	nnapoli	is, Md.
	F		18 CAUSE OF DEATH (Enter of	only one cause per l	line for (a), (b)	, and (c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
			PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	CA	roinc	AMEST				Hart
umatic			769 - Conditions, if any, which	DUE TO, OR	AS A CONSE	QUENCE OF	mbrane dise	pse		13	homs
	1		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS ACONSE	QUENCE OF				[3	shows
lury, or a			PART 2. OTHER SIGNIFICANT	CONDITIONS CO		TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE C	OR CONDITION GIVE	EN IN PART 1	al
any inju	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WH	IICH OPERATIO	ON WAS PERFORMED	20a AUTOP		, WERE FINDI	
JOWS		TIF			U.E.Y				YES		NO 🗌
nem lo s	2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110 4 4	A. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)	
1		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.A		19	711, LOCATION				
	1	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	C	ITY OR TOWN	COUNTY	STATE
			220.1 certify that (1) (this has	pital) attended the	deceased fro	AAAA	15 19 75		10015	19 79	that (I) (we) los
			saw the deceased alive a above, (1) (we) (did) (did)	nat) view the body	after death.	9 7]	nd that in (my) (our) opinion	death occurred	an the date and hour	and fram the	couses stated
#e#			226-STGNATURE	0	100	M	DEGREE ATTENDING	MEDICAL	STAFF V	22c. DATE	SIGNED
<u> </u>			Tub	- 7-4	Jell	11	PHYSICIAN [	DIRECTOR		14/	7/17
IMPORTANT			DAJIO E	E. HAC			Johns -	top Kin	is Hosp	10	
3		23a. I	BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	238 LOCATI	DWN	COUNTY	STAIL
_			RIAL	4-12-7	9	PINELAW	N MEM. PARK	Annap		A	Maryland
7			JNERAL DIRECTOR		ADDRESS	Annapo	olis. Md.	P 1 2 19	Fr 440	MINE	Many
)	- 1	WI	TITAM BEEGE &	CONIC MOR	VGAIFT	DA	ND	K 1 4 13	13	/	

		nio 1 2	12	
1.	0.00			
		Energy Metron Pro-	and that	
atomi, com				
antiograms to use the case of				
	Mint of the contract of			

1. 1.			REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	0	HEALTH AND MENTAL HY FICATE OF DEATH LAST	REG. N 20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		3 SE		NETTE - ANDRE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF U	MOER I YEAR IF UNDER 2
Poge direction ours, at			FEMALE  RTHPLACE (STATE OR FOREIGN	NEGRO	MON	9 79	9. BALTIMORE CITY O	YRS.	10
deoth. P	35		OUNTRYL ARYLAND	U.S.A.	MARRI	ED NEVER MARRIED	BALTII		ITY
by the fu	33		TY OR TOWN OF DEATH	THE JOHN	CIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND OF BUSINES INDUSTRY
0 de 9	25	13a. S	AL RESIDENCE (IF NURSING HOME OF		ENCE BEFORE ADMISSION OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		
the death Anticore Becut the offending of Estate and or remove carbonoppers, pages I	20	14 F	THER'S NAME FIRST UNKNOW	WIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST RITA	MIDDLE		PINDELL
	7		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF YES, GIV	RMED FORCES? 166 SOC E WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT RITA PINDELL	ADDR		nnapolis.
	Troumonc ev		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CO	onsequence of	Hembran	disiase		10 hrs
be _d	E .		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CO		,			10 chrs
equires but the signed by the please in to buriol, cre	injury, or omes	NOI		(c) Ph	emate	T NOT RELATED TO THE TERA	MINAL DISEASE OR CON	NDITION GIVEN	10 chrs
he low requires that he been signed by t permit. Then please ene prior to burrol, cr	ows any injury, or omer	TIFICATION	underlying couse lost.	(c) PL	EMATU TING TO DEATH BU	T NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF YES, W	IN PART 1(o)  (ERE FINDINGS USED IG CAUSES OF DEAT)
Physical Particles (1991) and the property of	E /	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FO  196. CONDITION FO  216. TIME OF INJURY HOUR A.M. MO	EMARU TING TO DEATH BU	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	IN PART 1(0)  VERE FINDINGS USED IG CAUSES OF DEATH
JAN: The low requires that by the low requires that can be comed by transit permit. Then please of the please of t	E /	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FO  196. CONDITION FO  216. TIME OF INJURY HOUR A.M. MO	TING TO DEATH BU  OR WHICH OPERATION  ONTH DAY YEAR  19	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [ JRY IN ITEM 18, PART 1	IN PART 1(01  VERE FINDINGS USED G CAUSES OF DEATH NO 1 ORPART 2)
ATENDING PHYSICIAN: The low requires that sprite or ottending above on the CTOR. After this generate was been signed by for use as the buriol-transit permit. Then please of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol, or of Health and Mertal Hygiene prior to buriol.	E /		UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT OF THE COURT OF THE C	CONDITIONS CONTRIBU  19b. CONDITION FO  21b. TIME OF INJURY HOUR A.M. MO P.M.  21e PLACE OF INJUR (AT HOME, STREET, FACTO itol) ottended the decease	TING TO DEATH BU  OR WHICH OPERATION  NTH DAY YEAR  19  RY  RY, OFFICE, FARM, ETC.)  ed from	216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO CENTER NATURE OF INJURE  CITY OR TO	20b. IF YES, WIN CERTIFYIN YES THE TIME THE TENTH THE TE	IN PART 1(01  VERE FINDINGS USED (COUNTY STA
OR ATTENDING PHYSICIAN: The low requires that he hospital or otherding dynaming.  DIRECTOR, After this servace has been signed by oched for use as the buriol-transit permit. Then please begin of Health and Menial Hygiene prior to buriol, or the contract of the other or the properties.	Them 21 is morked of item		UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF	CONDITIONS CONTRIBU  19b. CONDITION FO  21b. TIME OF INJURY HOUR A.M. MO P.M.  21e PLACE OF INJUR (AT HOME, STREET, FACTO  itol) ottended the decease  The providence of the contribution	TING TO DEATH BU  OR WHICH OPERATION  ONTH DAY YEAR  19  RY, OFFICE, FARM, ETC.)  ed from Charles  oth.	211. LOCATION STREET  219 ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CENTER NATURE OF INJURE  CITY OR TO	JRY IN ITEM 18, PART 1	IN PART 1(01  VERE FINDINGS USED IG CAUSES OF DEATH NO TORPART 2)  COUNTY STA
OR ATTENDING PHYSICIAN: The low requires that he hospital or otherding dynaming.  DIRECTOR, After this servace has been signed by oched for use as the buriol-transit permit. Then please begin of Health and Menial Hygiene prior to buriol, or the contract of the other or the properties.	Them 21 is morked of item		Underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE ( (IF EITHER, NOTIFY MEDICAL EXAMINER   21d INJURY OCCURRED WHILE AT WORK   NOT WHILE AT W	CONDITIONS CONTRIBU  19b. CONDITION FO  21b. TIME OF INJURY HOUR A.M. MO P.M.  21e PLACE OF INJUR (AT HOME, STREET, FACTO  itol) ottended the decease  The providence of the contribution	TING TO DEATH BU  OR WHICH OPERATION  ONTH DAY YEAR  19  RY, OFFICE, FARM, ETC.)  ed from Charles  oth.	211. LOCATION STREET  219 ond that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the comments.	JRY IN ITEM 18, PART 1	IN PART 1(01  FERE FINDINGS USED G CAUSES OF DEATH NO OTHER PART 2)  COUNTY  STA  Those of the couses stote of the couse o
AL OR ATTENDING PHYSICIAN: The low requires that the hospital or otherding physician.  AL DIRECTOR: After this terractic finishers igned by tetroched for use as the buriol-transit permit. Then please the Dept. of Health and Mental Hygiene prior to buriol, critical.	Them 21 is morked of item	WEDICAL 23a.	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF	21b. TIME OF INJURY HOUR A.M. MO 1 P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTO  21 view the body after decomposition)	TING TO DEATH BU  OR WHICH OPERATION  NTH DAY YEAR  19  RY, OFFICE, FARM, ETC.)  ed from (19)  19  10  11  23c. NAME OF	211. LOCATION STREET  219 ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the comments.	JRY IN ITEM 18, PART I	IN PART 1(01  FERE FINDINGS USED IG CAUSES OF DEATH NO OTHER TORPART 2)  COUNTY  STATE THE COUNTY  STATE THE COUNTY THE COUNTY STATE THE COUNTY THE CO

10100-01 ETEL S LIGHT TO THE COLD THROUGH A TEST OF THE PERSON



MEDI

lled b

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO St. Clair LAST 7s. DATE OF DEATH 1 DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) REESE POFFENBARGER 1979 2:30 APRIL A RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH MONTH YEAR DAYS HOURS Male White 7 \$50 ma M. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED ANEVER MARRIED COUNTRY Maryland WIDOWED BALTIMORE CITY DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IS CITY OF TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City THE JOHNS HOPKINS HOSPITAL teacher education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS Frederick Woodsboro NO A 10905 Coppermine Rd. Maryland YES [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE S. Poffenbarger Dutrow Mande Reese the WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 10905 Coppermine Rd. (YES NO OR UNKNOWN) I (# YES, GIVE WAR OR DATES) 204-01-3604 Poffenbarger Woodsboro. No none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY DIORESF IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CHEMIC FART DISEASE if any, which Conditions, gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 198 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ISCHEMIC HEART NO YES [ NO [ ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT 27e ADDRESS 77d. PHYSICIAN'S NAME (TYPE OR BRINT) OSPITAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) Frederick Md. Cemetery Woodsboro Frederica 250 DATE REC'D. BY REGISTRAR 138 REGISTRAR SIGNATUR Woodsboro 24. FUNERAL

DHMH-16 20M (VRA 15, 4) 7/78

should be deta with the State [

19

190000

. The second of the second of

Charles W. Burrier, Jr., Sykesville. Md.

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VRA 15 (4))

- STATE

TYPE OR PRINTE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9-09197 REG NO 20 DATE OF DEATH 7h HOUR April 18. AGE LIN YEARS LAST BIRTHDAY BALTIMORE CITY OR COUNTY OF DEATH Baltimore Citu 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary 15801 Bellis Dr. Wright APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ CITY OF TOWN COUNTY STATE \_\_\_ to April 18 and that in XX (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNER STAFF

STATE

COUNTY

Auril 16 79 82 April 18 79 X

Establish Larness bullets ove

4-18-79

DHMH - 16 60M 1/75

(VR A 15 (4))

Burial

FOR

- STATE

Nicholas T. Matthews, 3021 Eastern Ave., Balto.

St. Stanislaus Cem.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256. REG

Baltimore

26 HOUR

HOURS

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

22c. DATE SIGNED

DAYS

INDUSTRY

YES [

Baltimore

Copper

2:00 P

80100-07	
E CO:S POTA AT LINE PRODUCT 10, 1979 2:00 H	
White A 25 92 Se	
v#10 mortifu .n.o.H	Lantvicki
710 3. Decret France Constal layor Consta	ercitin
Haltimore x Sector vone	harlygal
nica-inT	thi cashi
01-01-12 . The control of the contro	o
. M. expand to expand the second to program of the second to the second	Faller.
tunes, 202 nators ave., esto, like a second 202 annut	

4	L	tem #8 Film G536	10 /= 0		E OF MARYLAND			
7. 1	1	FOR #17 g537 11/ STATE REGISTRAR	2/79 gj DEPARI		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	9-091	99
		CEASED NAME SPIRST PIRST SORPRINT)	MIDDLE	7	Ruce		MONTH DAY	79 26. HOURS O
	3. SE	temale	Causcasian	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS YRS.	
deoth. P		LITHUANIA	USA	MARRIE	DIVORCED [	VIIV	BALTIMO	RE MD.
ors ofter d	-	O TO	1. DIAME OF HOSPITAL, NURSI	espit	OR OTHER MISSITURION AS	120 USUAL OCCUPATION OF HOMEMAK	ON EWORKING LIFE) IND LER	AT HOME
AND 212	13α	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE BEFORM  13c. CITY OR TOV		YES NO .	13e. STREET ADDRESS!	Vinner	Ave #2121
MARYI mpletel ond 2 s	14 F.	YALE T	SÄAC SINGER		15. MOTHER'S MAIDEN NAM FIRST HATTIE		U	NKNÖWN
e execute n and cor Pages 1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	NED FORCES?   166 SOCIAL SEC	URITY NO.	17 INFORMANT PHILIP PRUCE	8517 Green 5918 WINNE		21207 #21215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. BALTIMORE, BALTIMORE, MARYLAND 2120 INC. Cathending physicion.  We have build physicion.  So she build-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be filted in by the hand Mental Hygiene prior to burrol, cremotion, or removal.  So she build-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be filted in by the not Mental Hygiene prior to burrol, cremotion, or removal.		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF	F PANCRE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 2  The low requires ion.  Thos been signe to permit. Then price price to buy to b	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO			200. AUTOPSY?  YES NOW	20b. IF YES, WERE	E FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL RI ING PHYSICIAN: The Ic 'oftending physicion. When this certificote hos os the buriol-tronsit per inh and Mental Hygiene orked or Item 18 shows	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.]	211. HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF HUJUR CITY OR TOW	1 1	
OR ATTENDI he hospitol or DIRECTOR: A coched for use Coche, of Heal		220 I certify that (I) (this hospite  Device of deceased alive on a power (I) (we) (did) (Gio nor)  The ACT THE	New the body of the death	, or	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN  122e_ADDRESS	MEDICAL STAR	F 6 22	rom the couses stoted
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store	22-	EXIA 1.	ODMANN	NAME OF C	SINAI OF	BACTON 234 LOCATION	oke /	bsp.n
740 BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	APR. 20, 1979 A	AITZ CH		BALTIMO		MARYLAND
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR SOL LE	ADDRESS			REC'D. BY REGISTRAR	25b. RESISTRAR'S S	HELENdy

8 6 1 8 0 - 8 8 STATE OF THE PERSON OF THE P

requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

and 7 th

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon pages. I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09200

	REGISTRAR		CERTIFICATE OF DEA	AIH	REG.	10.		
	CEASED NAME FIRST	WIDDLE	LAST	2a. DA	TE OF DEATH		DAY YEAR	26 HOUR
	WALTE	R	PRUCHNIEWSKI		PRIL		1979	9:05 A
3. SEX	lale 10	-auc	5. DATE OF BIRTH	YEAR 106	12	RTHDAY) YRS.	MONTHS OAYS	HOURS MIN.
	RTHELACE ISTAN DEFOREIGN 76.	CITIZEN OF WHAT CO	MARRIED LI NEVER MAI	RRIED 7 BAL	TIMORE CITY	OR COUNT	Y OF DEATH	LI ME
3/2	Da Himore	. NAME OF HOSPITAL, IF NOT BY SUCH FACILITY, GI	NURSING HOME OF OTHER INSTITUTE STREET ADOREAS)		WAL OCCUPATE WORK FOR MOST		LIFE) 12b, KIND C	EMP 6
DSUA 13a, 19	RESIDENCE (# NURSING HOME OF OT PATE   13k COUNTY	HER MEZITUTION GIM RESPEN	134 INSIDE CITY	LIMITS? 13e. ST	REET ADDRESS	Fos	terr	Tue!
00 H. FA	THER S NAME MO	Prichi	NEWSKI CIVIL	Committee of the Commit	WIDDLE		Wisk	Prewsk
	(AS DECEASED EVER IN U.S. ARME B. BO ON UNKNOWN)   FIRE ONE W.		15, 2287 WEVINT	Puchwier	OSK) E	3/3/W	in Oaks	R) 2109
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	ADVA	NCED CANCER, L	EFT LUN	G, LOW	ER L	OBE	MATE INTERVAL ONSET AND DEATH
	1629	DUE TO, OR AS A CO	NSEOUENCE OF					
	Conditions, if ony, which gove rise to immediate	(b) CHRO	NIC RESPIRATOR	Y INSUF.	FICIEN	CY		
	couse (0), stating the underlying couse lost	DUE TO, OR AS A CO	NSEOUENCE OF					
z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL D	SEASE OR CO	NDITION G	IVEN IN PART I	01
CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION WAS PERFORM		AUTOPSY?	IN CERT	ES, WERE FIND IT	OF DEATH?
E	4-18-79	CANCER,	LEFT LUNG, LOW	ER BASES			PART 1 OR PART 2)	ио 🗆
4	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON				2117 11 112111 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
WE	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	211 LOCATION STREET		CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that (1) (this hospital sow the deceased alive on	ottended the deceases	d from 44/91	19 79 . 4	/27 AX	dote and ha		that (I we loss
	obove, (I) (we) did (did not) v 22b. SIGNATURE	RIVER SECTION	DEGREE IN ATTI	ENDING MED	ICAL STA	AFF ICIAN	22c. DATE	SIGNED 27/974
	22d PHYSICIAN'S NAME (TYPE OR PR	EURUGWAMY	100 100 100	CHURCH BROADW	новріт			
23a. Bi	SPECIFY)	23b. DATE	13c NAME OF SEMETERY OR CRE	MATORY 23d.	LOCATION POLY		COUNTY	1 524
24 FU	INERAL DIRECTOR ON	2.1.14	The second	25g. DATE REC'D		R 25b. B. GIS	TRAR'S SIGNAL	URE

79-09200 

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR  STATE  REGISTRAR	DEPA		EALTH AND MENTAL HYG	SIENE	79-092	01	
	DECEASED NAME FIRST	MIDOLE	l	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
	(PE OR PRINT)  CECILI			PUCCI	April 1	, 1979	8 41	
3 S	SEX	4 RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAY		
	Female	White	Aug	31, 1925	53	YRS	5 S	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	1	R COUNTY OF DEATH		
20	Penna.	U.S.A.	WIDOWE			more City	ME	
10	Balto.	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST 3405 Mary A	TREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUS ewif	F WORKING LIFE) INDUSTR	OF BUSINESS OR Home	
USU 130	UAL RESIDENCE (IF NURSING HOME OR STATE 138) COUN	OTHER INSTITUTION, GIVE RESIDENCE B TY 130. CITY OR T Balt	NWO	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 3405 M	ary Ave.		
14 F	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
340	Eugene	Pychne	er	Elsie	L.		lzinski	
	WAS DECEASED EVER IN U.S. AR.	WAR OR DATES)		17 INFORMANT	ADDRI	55		
	No	212-20	0-0623	Peter Puc	ci (son)	Winston Sa	alem NC	
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per line for iai, (b	, ond ic			APPRO BETWEE	OXIMATE INTERVAL	
		D BY: E CAUSE (0) CARDIL	PUL 1	MONARY K	ARREGT.		5 min	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	TENSIUE	E CARDIOVASC	WLAR DISE	ASE 5	YEARS	
Z	PART 2. OTHER SIGNIFICANT C	DITION GIVEN IN PART	lía					
-19	190 DATE OF OPERATION	110 CONDITION FOR WH	HCUTE BILOW CONTIN			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED		
CERTIFICATION	THE DATE OF OPERATION	198 CONDITION FOR WA	TICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING CAUS		
	OR CONTRIBUTION CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2	)	
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE	
2	220. I certify that (I) (this hospi sow the deceased alive on above, (I) (see) (did) (did no	MARCH SO	730	nd that in (my) (our) opinion	deoth occurred on the d	ate and hour and from the	e, that (I) (we) lost he couses stated	
	226. SIGNATURE	M Both	net		MEDICAL STA	FF 2/	z 19	
	22d. PHYSICIAN'S NAME (TYPE O	chard W. Bit	trick	8100 Ha	rford Rd.			
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		23c NAME OF C	emetery or crematory n Park Crem	23d. LOCATION	to.	⁵Md.	
24	FUNERAL DIRECTOR UNDER F	uneral 322	Breh	ms Lane 250. DAT	E REC'D. BY REGISTRAR		0	
	Home. Inc.	Ral		21213 AP	R 3 1979	motoral	Cressly	

DHMH - 16 60M 1/75 (VR A 15 (4))

Home. Inc

ARRES 1519 Kelly Malling

19-03202

and the second second

15M7/76

FOR T - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

79-09203

1. DEC	CEASED NAME OR PRINT)	Caroly		J.	Pulley			TE KNOWN E F ESTI- TH MATED [	3 4	21 <sub>19</sub> 79	
	emale	1 RACE Black	5. DATE OF BIRTH	41 LAST BIT	YEARS IF UNDER 1 Y HDAY) MONTHS DAY YRS.		MIN PRON	DUNCED EAD	4 4	21 <sub>19</sub> 79	11 A
7a. BII	RTHPLACE (SPEEDS COUNTRY)		U. S.	Α.	WIDOWED [	NEVER MARRIE	:D []	Baltin	nore C	City,	
Ва	TY OR TOWN	re	1819 N.	Port Str	eet	ITUTION		CUPATION (TY WORKING LIFE)	PE OF WORK	OR INDUS	JSINES IRY
USUA 13a. S	RESIDENCE	(IF IN NURSING HOME (	OR OTHER INSTITUTION, GIVE ITY	RESIDENCE BEFORE ADM 131. CITY OR TOWN Baltimo	re res	DE CITY LIMITS?	1819	N. Por	rt St		
16a. V	CATTO I	1 ED EVER IN U.S. AR		WIKES 166. SOCIAL SECU	S	THER'S MAIDE FIRST arah ORMANT		ADDRES	S	Galting	,
NC	lying ca	o) stating the <u>under</u> use last.	(c)	AS A CONSEQUENC		DITION GIVEN IN PAR	N 1 (o)				
ATION	PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY?		
MEDICAL CERTIFICATION	UNDERLYIN CONTRIBUT	ING CAUSE OF	DEATH P.M. 21e PLACE O	INJURY MONTH DAY YI  ?9 FINJURY (ATHOME DRY, FARM, ETC.)	EAR	URY OCCURRE		OF INJURY IN ITEM 1		YES X	NC s
	22a. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Natural causes X. Accident , Suicide , Hamicide . Undetermined manner ,										
	ACTUAL SIGNATURE		Lolar	10		e (SPECIFY) sistant	MEDICAL E	XAMINER	DATE	4/22/	79
200.0	EXAMINER'	INT) VILE	inia L. Do	olan, M.D.	ADDRE		111 Per	n Stree	et		
23a.8	Bus Bus	cial	23b. DATE 4/26/79	King 1	Memorial	Park	Balt	Imore		- / /	Md.
	UNERAL DIRE		F/H TIC	)1 E. No	rth Ave.		REC'D. BY REGI	79 25b. RES	STRAR'S	SIGNATURE /XCC	7

80380-87 - Paltimore | x - 2 1819 N. Forc St. Carroll Well. Fowlers Sarah License 219-34-1665 Mere L. Cibbs 651. Pouchations Ct. Burged AACA/79 Ming Mangried Park Schrönich Cology, Cirid. H. U. Joneh E/H LIGI F. North Ave. APR 23 1979 Kastonia

medi

5

+

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CEDTIEIC ATE OF DEATH

79-09205

FOR STATE REGISTRAR CEKTIFICATE OF DEATH REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Solomon 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SEX DATE OF BIRTH MONTH MONTHS BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED L COUNTRY MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET WORKING LIFE! INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13o. STATE 13b COUNTY 136 INSIDE SITY LIMITS? YES V 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN1 (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ling PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Acidosis Conditions, if ony, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on, , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 4 PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Catonsville Md. Burial ew Mem

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

ADDRESS March F/H 1101 E. North Ave.

25a. DATE REC'D. BY REGISTRAR 25

APR 4

EGISTRAR'S SIGNATURE

19-09205 to the first the second of AND THE STATE OF T Service The 1454

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTM	CERTIFI	CATE OF DEATH		REG. NO.	10	- 032	. 0 0
1. DEC	CEASED NAME FIRST	м	IDDIE	LA	ST	20. DATE OF		ONTH D	DAY YEAR	2b. HOUR
LITTPE	Lama:	r .		0119	rles			4 /1	1/79	8:25
3. SEX		4 RACE				6 AGE (IN YE		7 7	IF UNDER I YEA	
	MALE	BLACK	C	5. DATE OF	4 DAY 25	5:	3	YRS.	MONTHS DAYS	HOURS
C	RTHPLACE (STATE OR FOREIGN OUNTRY)  RYLAND	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED		RECITY OR LTIMOR			
10. Ct		I IF NOT IN SUCH	OSPITAL, NURSING	G HOME OF	R OTHER INSTITUTION	12a USUAŁ C (TYPE OF WORK CLAIMS	FOR MOST OF	WORKING LIFE	E) INDUSTRY	OF BUSINESS
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN RYLAND	TY	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN BALTTMORE	1	13d. INSIDE CITY LIMITS?	13e. STREET A	DDRESS			
I	AMAR		QUARLES		15 MOTHER'S MAIDEN N FIRST GERTRUDE		MIDDLE		1	RSON
	VAS DECEASED EVER IN U.S. AR/ (15, NO OR UNKNOWN) (1F YES, GIVE  YES WW)	WAR OR DATES)	218-16-24		EDWINA B. QU	IARLES 3			NT AVE	
	PART I DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUENT AS A SOLVER VIEW	the C	selvere	Hur	na ma	aug H	fla	gets
ICATION	Conditions, if any, which gove rise to immediate cause (a), storing the	DUE TO, OR  ONDITIONS CO	AS A CONTRACTOR	EATH BUT	/	A MANAL DISEASE	PSY?	20b. IF YES	, WERE FIND	INGS USED
RTIFICATION	Conditions, if any, which gave rise to immediate couse (o), storing the underlying couse last.  PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION	DUE TO OR  DUE TO OR  DUE TO OR  DISTRIBUTIONS CO	AS A DESCRIPTION OF THE PROPERTY OF THE PROPER	EATH BUT	I WAS PERFORMED	20a AUTO	PSY?	20b. IF YES IN CERTIFY	, WERE FIND YING CAUSE	INGS USED
AL CERTIFICATION	Condition, if any, which gave rise to immediate cause (a), bothing the underlying cause last.  PART 2. OTHER SIGNIFICANT C.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR  DUE TO, OR  ONDITIONS CO  19b. CONDIT  21b. TIME OF  HOUR A.M	NTRIBUTING TO DE	EATH BUT OPERATION Y YEAR	/	20a AUTO	PSY?	20b. IF YES IN CERTIFY	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT C.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO OR  DUE TO OR  DUE TO OR  19b. CONDITIONS CO  19b. CONDITIONS AN  P. M.  21e. PLACE O	AS A DESCRIPTION OF DESCRIPTION FOR WHICH CO. INJURY A. MONTH DAY	DPERATION  Y YEAR  19	I WAS PERFORMED	ZOG AUTO YES RRED   JENTER NAT	PSY?	20b. IF YES IN CERTIFY	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2: OTHER SIGNIF KANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE	DUE TO, OR  DUE TO, OR  19b. CONDITIONS CO  19b. CONDITIONS CO  11b. TIME OF HOUR A.N P.N  21c. PLACE OF IAT HOME, STRE  of) ottended the	ION FOR WHICH C	DPERATION  Y YEAR  19  RM, ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET 3 that in (my) (our) opinion	20a AUTO YES	PSY?  NO URE OF INJURY  CITY OR TOWN	20b, IF YES IN CERTIF' YES IN ITEM 18, PA	COUNTY	INGS USED S OF DEATH! NO STATE
MEDICAL	Conditions, if any, which gave rise to immediate course to intendiate course course to intendiate course course to intendiate course co	DUE TO, OR  DUE TO, OR  19b. CONDITIONS CO  19b. CONDITIONS CO  11b. TIME OF HOUR A.N P.N  21e. PLACE OF IAT HOME, STRE  oil) ottended the	INJURY A. MONTH DAY A. MONTH DAY A. MOORTH DAY A. GEORGE FAIL  deceosed from after death.	PEATH BUILD  OPERATION  Y YEAR  19  RM, ETC.)  D  M	21c HOW INJURY OCCU 211 LOCATION STREET 3 that in (my) (our) opinion	ZOB AUTO YES RRED JENTER NAT	PSY?  NO URE OF INJURY  CITY OR TOWN  on the dote  STAFF  PHYSICIA	20b. IF YES IN CERTIF' YES IN ITEM 18, PA	COUNTY	NGS USED S OF DEATH: NO STATE that (I) (we

DHMH-16 60M 1/73 (VRA 15 (4))

80350-31

## STATE OF MARYLAND

79-09207

	1 -	FOR STATE REGISTRAR	ATE CERTIFICATE OF DEATH					
		CEASED NAME FIRST OR PRINT)  Ma.b/  x  Female	e V.  RACE Black	S. DATE OF BIRTH  MONTH  JOAY  JOAY  JOAY  JOAY  JOAY  JOAN  JOAN	6. AGE (IN YEARS LAST BIRT	4 7 79 HOAY) IF UNDER I YEAR IF	D M	
35	- 0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?  U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	+ mon	itymo	
39	P	Baltimore	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADDRESSY	(TYPE OF WORK FOR MOST O			
35	130. 5	STATE 136 COUN	NTY 130 CITY OR TOW		13e. STREET ADDRESS	sley Av	ie	
030	4		MIDDLE PO # S  MED FORCES?   166 SOCIAL SECL	MARY	MIDDLE	WoodLA	VD -	
2			F WAR OR DATES)		JARVIS	BO Wesler	Acre TE INTERVAL SET AND DEATH	
	ON	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO		NINAL DISEASE OR CONI		<b>4D</b> 1	
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES []		
9		2 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE	
		sow the deceased alive on	atal) attended the deceased from 19 11) view the body after death.	79, and that in (my) (sur) apinion a	death accurred on the do			
1		THE PHYSICIAN'S NAME (TYPE O	7 11 6 1 1	ATTENDING	MEDICAL STAP	FIAND 4/7	179	
1	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Salto. Nat'1 Cem	23d. LOCATION CITY OR TOWN	<u> </u>	Md STATE	
	-	INERAL DIRECTOR  NAME  C. March	F/H 1101 E.	North Ave. 250. DAT	PRID BY REGISTRAR	25h. The party of the Co	hardly	

1101 E. North Ave.

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

10300-81 William Control of the other Division of the Burish 4/11/79 Belto. Not'l Com. Cetonsville, Md. Wm. C. Merch F/H 1101 F. Morth Ave.

79-09208 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME Frances Louise Rausch (TYPE OR PRINT) Kausch LOUISE. Frames 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAYS HOURS March 8, 1923 Female White To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland BALTIMORE CITY 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE INDUSTRY BALTIMORE AGNES HOSPITA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSINGHOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 6564 Montgomery Road 13g. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13c CITY OR TOWN Elkridge Maryland Howard 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Mable MIDDLE pug James Lisle late ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT medic I (IF YES, GIVE WAR OR DATES) 6564 Montgomery Read Frederick Rausch No physicio APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for al, (b), and ic PART I. DEATH WAS CAUSED BY CRANIOTOMY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause iai, stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? L 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION ō 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE AT WORK 220.1 certify that (lythis haspital) attended the pleceased fram. deceased alive a and that in ( our) apinion death accurred on the date and hour and from the causes stated above, X (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING \* MEDICAL should be deto with the Stote I IMPORTANT: If PHYSICIAN | DIRECTOR | PHYSICIAN 22 d PHYSICIAN'S NAME (TYPE OF PRINT) AN WHITEHOUSEND, 900 CATON AVE. BALTIMORE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Howadd, Maryland Meadowridge Burial 19 9 BAR 25b. REST 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Harry H. Witzke Columbia R . "Ellicott City (VR A 15 (4))

STATE OF MARYLAND

ton the second second second

PILE BROWLETTER THE THREE TRANSPORTERS

The state of the s

4 moy be

notified of once

completely filled in by the funeral I ond 2 should be filed within 731

attending physician and convex corban papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

STATE OF MARYLAND

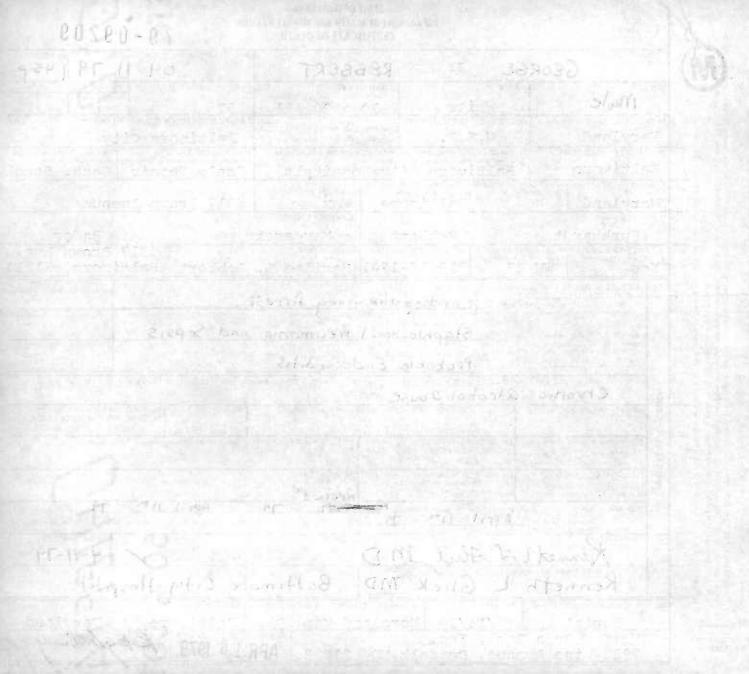
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00200

ı	10	REGISTRAN			CERTIF	ICATE OF DEATH		REG. N	. 9 - U	320	3
Ì		EASED NAME FIRST		AIDDLE		AST	20	DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
I	Hine	GEOR	GE	J.	REF	BERT		C	11	79	145 Pm
Ì	1.5EX	A 1	4 RACE	8-17/4-	S. DATE C			AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
I		Male	Whi	te	10			57	YRS.	SNIHS   DATS	HOURS MIN
Ì	7a BIR	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 AAAAAA	D X NEVER MARRIED	9.	BALTIMORE CITY O	R COUNTY	OF DEATH	
1	Ma	aryland	U.S	S.A.	WIDOWE			Baltimo	re Ci	ty	MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION		O. USUAL OCCUPATION OF WORK FOR MOST OF			OF BUSINESS OR
I	Ba	altimore				ospitals		Scale Re		Beth	. Steel
Ī	USUA 13a S	L RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE A		113d. INSIDE CITY LIMITS	52 13	e STREET ADDRESS			
1	Ma	aryland		Baltimo	re	YES X NO		6317 Bro	wn Av	enue	1000
I	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		I.A.	ST
1		Burkhardt	Model	Rebber	t	Margar	ret			Rad	er
1	160 W	AS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRE	<sup>55</sup> 6317		n Ave.
ı		es WW	II	217-16-	1701	Marilee :	L. :	Rebbert	Balt	imore	
ľ		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	nly one couse per	line for (o), (b), and	(C1.1		1			BETWEEN	ONSET AND DEATH
1			TE CAUSE (0)	Cardiop	ulma	onary Am	rest				
1		4246	DUE TO, O	RAS A CONSEQUEN	NCE OF	^		1 0			
1		Conditions if any, which	(b)	Staphloc	occo	Preumoni	19 0	and Jeps	15	-	
1		gove rise to immediate cause (a), stating the	DUE TO, O	RAS A CONSEQUEN	ICE OF	1 111				4.77	
ł		underlying cause last.				docarditis					
1	2	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE T	TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART I	01
4	CERTIFICATION	Chronic		rol abuse		ON WAS PERFORMED	_	20o. AUTOPSY?	Tank IE VES	WERE FINDI	NGSTISED
	FICA	190 DATE OF OPERATION	198 COND	INON FOR WHICH C	PERAIT	N WAS PERFORMED			IN CERTIFY	ING CAUSES	OF DEATH?
4	ERTI	210. ACCIDENT WAS UNDERLYING	7 216. TIME O	E INTURY		21c. HOW INJURY OCC	CLIPPED	YES NO	YES		NO 🗌
1		OR CONTRIBUTING CAUSE OF DE	110110 1	M. MONTH DAY	YEAR	The flow wason oct	CORRED	TENTER INVIORE OF HOOF		ATTORTACTE)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P. 21e. PLACE		19	21f. LOCATION					
1	MEC	WHILE O NOT WHILE O		REET, FACTORY, OFFICE, FAI	RM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE
١		AT WORK AT WORK	. 1 1. 1.1		10 <sup>2</sup> In	HPRIL 3	76	. Accil	1136	. 79	All of the females
i		220 I certify that (I) (this hasp sow the deceased alive o	1 1		- 0	nd that in (my) (our) opin	inion deo	th occurred on the de	ate and hour	and from the	that (I) (we) last
		obove, (I) (we) (did) (did n 22b. SIGNATUR	ot i view the body	ofter deoth.		DEGREE					SIGNED
		Kennest	1 1 1	4:1 m	15	ATTENDIN	NG _ /	MEDICAL STAI		4-1	11-79
-		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	act 1.		PHYSICIAL 22e ADDRESS	AN L	DIRECTOR PHYSIC	IAN LIP	1 .	2 1
		Kennet	n L. (	Flick .	MD	Balto	moi	re City	Hos	Pital	
	23n R	URIAL, CREMATION, REMOVA	23b. DATE		AME OF C	EMETERY OR CREMATO		23d. LOCATION			
	(5	Burial	1/1				Pk.	Baltimo		Mar	yland
	24 FL		-Ruck,	Incorress	TETC		DATE R		-	AR'S SIN IA	ORE A
		7922 Wise A			MD	21222	APR	1 6 1979	prof	Alle	The state of the s

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physici



STATE	OF	MARYLAND	
-------	----	----------	--

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09210

REGISTRAR		CEKIIF	ICATE OF DEATH	REG. NO		
DECEASED NAME FI	RST MIDE	DLE L	AST		AONTH DAY YEAR	2b HOUR
(PE OR PRINT)	SOM4S	RE	FD		1 70 76	1/100
SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEA	AR IF UNDER 24 H
Male	Black	3 <sup>MONTH</sup>	26 22 <sup>AR</sup>	57	MONTHS DAY	S HOURS MI
BIRTHPLACE (STATE OR FOREIG		MARRIE	NEVER MARRIED		COUNTY OF DEATH	
CITY OR TOWN OF DEATH	II. S	A WIDOWE	OR OTHER INSTITUTION	Faltimore Ci	12h KINE	OF BUSINESS
		ACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF		
Baltimore UAL RESIDENCE (IF NURSING)		re City Hospi	ital			
I. STATE		CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	4171	
Md	J	Baltimore	YES NO		Milton Ave.	•
FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN N	MIDDLE		LAST
Ed		Reed	Ollie		Riv	<i>r</i> es
WAS DECEASED EVER IN L		SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S	
NO (YES, NO OK UNKNOWN)	YES, GIVE WAR OR DATES)	39-24-2815	Mrs Margare	ot Bood 1731	N. Milton A	Ave.
7	nter only one cause per line		I MIS MALUALE	PL REED.	APPRO	OXIMATE INTERVAL EN ONSET AND DEA
PART I. DEATH WAS	CAUSED BY:	RDIO RESP	I A TAALI	MANEST	BE WEE	N ONSET AND DEA
11-19	MEDIATE CAUSE (a)					
1011	DUE TO, OR A	S A CONSEQUENCE OF		/		
Conditions, if ony, wh	ich ( (b) C	ANCIRDE	THE LAN	eypx		
gave rise to immedi		S A CONSTOURNES OF				
underlying cause li		S A CONSEQUENCE OF				
DADE OTHER CLOSES	(c)	TRIBUTURE TO SELTURA	MOVED ATER TO THE TO	RMINAL DISEASE OR COND	TION OR THE DEPT	
	ANT CONDITIONS CON	INIBUTING TO DEATH BUT	NOT RELATED TO THE TE	KMINAL DISEASE OR COND	II ION GIVEN IN PART	1(0)
190 DATE OF OPERATION	LIAN CONDITION	ON FOR WHICH OPERATIO	NI WAS DEDECORASED	20a AUTOPSY?	20b. IF YES, WERE FIND	DINIC S LISTO
190 DATE OF OPERATION				200 AUTOPST!	CERTIFYING CAUS	
1911	CANCE	rof Lar	117	YES NO	YES 🗌	NO 🗌
21a. ACCIDENT WAS UNDERLY	110110 4 44	MONTH DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2	)
OR CONTRIBUTING CAUS	E OF DEATH	MONTH DAY TEAR				
(IF EITHER, NOT IFY MEDICAL EX	21e PLACE OF	INJURY	211 LOCATION			Charles and an
	(AT HOME, STREET,	, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
AT WORK AT WORK		415	9 19 7	a Alsa	10 79	1 . 10. 1
saw the deceased a	s hospital) attended the d	761	7		. 17	_, that (I) (we)
above, (1) (we) (did)	(did not) view the body aft	er death.		on death accurred on the do		
22b. SIGNATURE	-/ /		DEGREE			TE SIGNED
Mar	pland :	wong .	MO ATTENDING			129/79
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e. ADDRESS	^	.1	4
WARLA	NO WONZ	MO	BATTO	MONE CET	प भिन्नाव	HYS .
BURIAL, CREMATION, REA			EMETERY OR CREMATOR	CITY OR TOWN	COUNTY	_STATE
Burial	5/5/79	Baltimor	ce Cemetery	Baltimo	re,	Md.
FUNERAL DIRECTOR			25a. D	ATE REC'D. BY REGISTRAR 2	Sh. P. GISTANR'S SAEK	Missody
NAME C March	E/H 1101 F	ADDRESS	N	IAY 2 1979	mr. J.	

DHMH - 16 50M 7/77 (VR A 15 (4))

Wm. C. March F/H

1101 E. North Ave

10-09210 TELLIVE PERCHAPTION COLUMN EXPERIMENT FOR SOUND CONTRACT CARRY TO ALLEND . . , The first the first of the second second second second MITELING WOND HER BETTEROUS CIT HERPLING \$ YAW

Leonard JRuck Inc. Baltimore, Maryland

FOR

STATE

I DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

79-09211

5

26 HOUR

17b. KIND OF BUSINESS OR

NO [

STATE

STATE

79

DAYS

IF UNDER TYEAR

CRENIN LAST

YES [

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR

22c. DATE SIGNED

3:35 a

IF UNDER 24 HRS

REG. NO

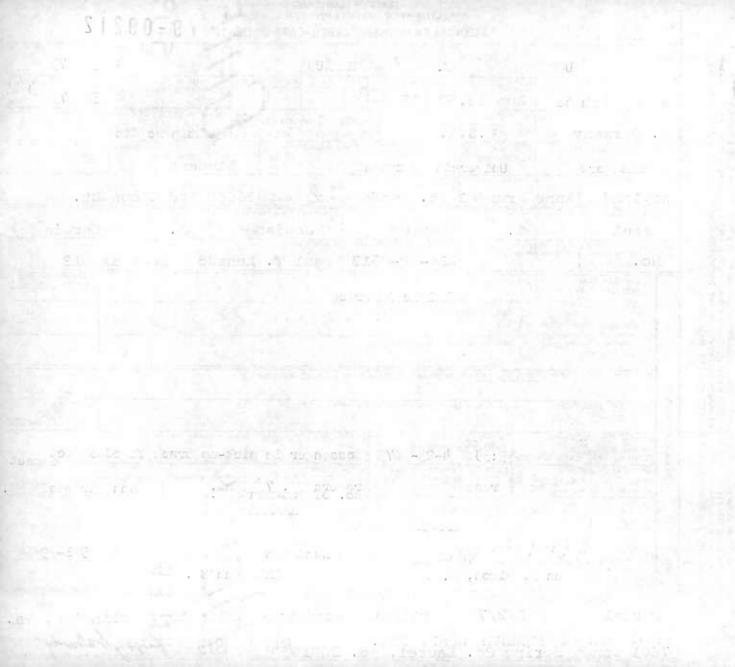
2n DATE OF DEATH

11500-03

EE: 6 07 2			MADEL	antawaty	J. Almist	
	22	Er T	(3	37270	VALO	
yah emorial Sanasa	The state of the s			2.8.5	l Mes.	
and to				mo taon in	( 1500)	
TA UEAR ME	3906 c. NOVIN		X 305	artru t	n cross	TYPAY
		On ton the		I/DITR	E.	CLOSUSSEL.
We look	A PATH DENGE	delmus	CAEL LOST	V. L. A. L. C.	ŢŢ	29.1
~~	· · · · · · · · · · · · · · · · · · ·					

December of the baltimore, large and love brancat

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 26 HOUR 20. DATE KNOWN TA MONTH 1. DECEASED NAME (TYPE OR PRINT) ESTI-19 79 30 F. RENAUD DEATH MATED EUGENE 3. SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Aug 13.63 15 DEAD male white MO 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. W. Germany WIDOWED DIVORCED Baltimore City 12b. KIND OF BUSINESS 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION University Hospital Student Baltimore USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 136 COUNTY 3558D Red Cloun Ct. Anne Arundel Ft. Meade YEST Maryland NO [ 15. MOTHER'S MAIDEN NAME PAGES 1 AND 2 S DIVISION OF VITAL 14. FATHER'S NAME MIDDLE MIDDLE LAST Pau 1 Josiane J. Cereia Renaud 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! 214-90-0513 Paul T. Renaud same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)\_ DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) OF HEALTH A CERTIFICATION 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? BURIAL, YES [ NOXX ENT O 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) E 3 SHOULD F DEPARTMEN PRIOR TO BUT HOUR XXXXMONTH DAY UNDERLYING Passenger in pick-up truck/fixed object 9:35 M. CONTRIBUTING CAUSE OF DEATH impact 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. STREET, FACTORY, FARM, ETC.) NOT WHILE road Bragers Anne Arundel Md. AT WORK AT WORK Inquiry and in my apinian 220. I certify that I took charge of the remains described above, held an TOR: TO MEDICAL EXAMINA
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECTE
AFTER DEATH, WITH TI
BATTMORE, MARYLAN Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant 5-1-79 MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT) 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Arlington National Arlington, Arlington, Va. BP FLECK LAUREL FUNERATESHOME, INC. 7601 Sandy Spring Rd. Laurel, Md. **DHMH-17** 20810MAY tru habredy (VR A15 ME (5)) 15M7/76



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2b. HOUR 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Edward 10 P 24 page r deat 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR DAYS HOURS. Male White 1903 Te. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED +IMORE WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CILY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS pluc YES X NO tely 2 sh 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Ö 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT Pages (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH corbanpope 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ici. PART I. DEATH WAS CAUSED BY portes 0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ATION prid 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED a IN CERTIFYING CAUSES OF DEATH? CERTIFIC burial-transit per Mental Hygiene shows NO YES T 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ò CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the eleceased from DIRECTOR 2 sow the deceased olive on. and that in (my) (and) opinion death occurred on the date and hour and from the causes stated AAL detache. 22b. SIGNATURE ATTENDING MEDICAL STAFF \* FUNERAL E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) + Or of sho 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 23b. DATE (SRECIFY) 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 MAME (VR A 15 (4))

41360-61 Lowerd T. Paymords - April 184 SON S V. Schaus Medical Surfaces I Me Sixter Number Henry Holes ma - Californe & Californe Ave Educated III Report of the All Property of the Complex Section of the state of the section The second section of the second section is a second at the second section of AND THE RESERVE OF THE PROPERTY OF THE PROPERT

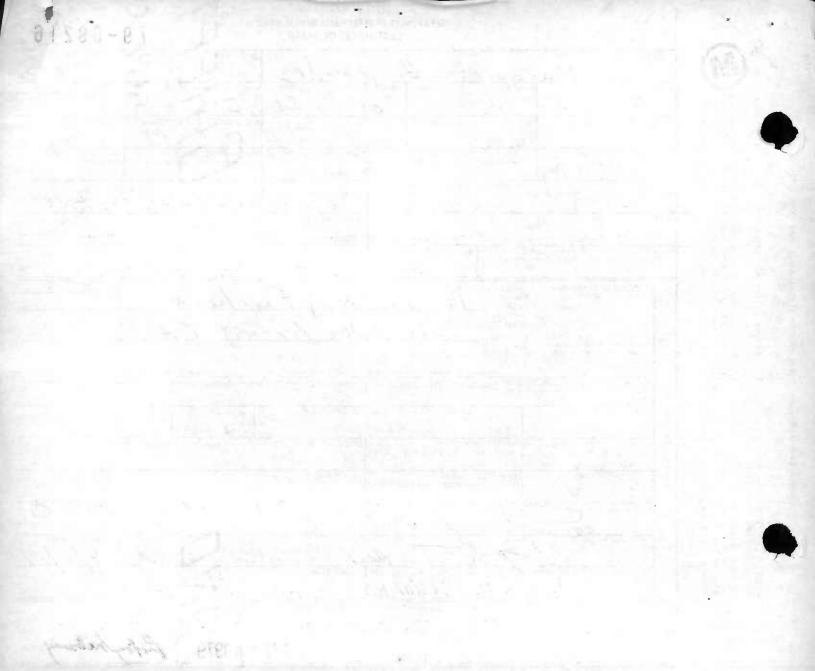
1111

2 11

St. 5 - .. 5

. 2.

. . .



FOR		
CT 4 TF		

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09217

Ι.	REGISTRAR				REG. N			
	ECEASED NAME FIRST	WIDDLE	LA	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
L	Pauline		Ri	chardson		4 12	79	
3. SE	EX	4 RACE	5 DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	HOURS MI
	Female	Black	12	23 19	59	YRS.	500	, CORD   M
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	N.C.	USA	WIDOWE	Z\_	Balti	more.	C17	X
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		ROTHER INSTITUTION	12a USUAL OCCUPAT	ION 1	26. KIND O	BUSINESS
B	Baltimore		AN HOSPI'	TAL	(TOTAL TOTAL	,	40031111	
USU 13a	JAL RESIDENCE (IF NURSING HOME C STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	Maryland		ltimore	YES X NO	1824 Tho	mas Av	е.	
14. F.	ATHER'S NAME	WIDDLE	LACY	15 MOTHER'S MAIDEN N	AME MIDDLE			
E	Inoch		ardson	Pattie	WIDDLE		We	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		3 C
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-34-8138	Bernice 1	Brown 381	0 Milfo	bro	7770
	Conditions, if any, which	DUE TO, OR AS A CO	ONSEQUENCE OF	multiple	brain mel	estere		
ATION	Canditions, if any, which gave rise to immediate cause io stating the underlying cause last  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TER.	brain med	20b IF YES, WE	RE FINDIN	IGS USED
TIFICATION	Conditions, if any, which gave rise to immediate cause io stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TER.			RE FINDIN	IGS USED
CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause io stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  CONDITIONS CONTRIBUTION FO  196 CONDITION FO  216. TIME OF INJURY HOUR A.M. MO	ONSEQUENCE OF TING TO DEATH BUT I	NOT RELATED TO THE TER.	200 AUTOPSY? YES NO	206 IF YES, WE IN CERTIFYING	RE FINDING CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 10. stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DE	DUE TO, OR AS A CO  CONDITIONS CONTRIBUTION FO  216. TIME OF INJURY HOUR A.M. MO	ONSEQUENCE OF  TING TO DEATH BUT!  R WHICH OPERATION  WITH DAY YEAR  19	NOT RELATED TO THE TER.	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH? NO
	Canditions, if any, which gave rise to immediate cause 10 stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	DUE TO, OR AS A CO	ONSEQUENCE OF  TING TO DEATH BUT!  R WHICH OPERATION  (NTH DAY YEAR  19  RY, OFFICE, FARM, ETC.)  eddfrom  219	NOT RELATED TO THE TER.  N WAS PERFORMED  21: HOW INJURY OCCUI	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death/accurred on the d	20b IF YES, WE IN CERTIFYING YES TO Y	OUNTY	STATE
	Canditions, if any, which gave rise to immediate cause 10. stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. Certify that (I) (this hasp sow the deceased alive or above. (I) (we) (did) (did in 22b. SIGNATURE)	DUE TO, OR AS A CO  (c)  196 CONDITIONS CONTRIBUTE  196 CONDITION FO  216. TIME OF INJURY HOUR A.M. MO  P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)  210 View the body after deal of the degessed of the degessed of the degessed of the deges of t	ONSEQUENCE OF  TING TO DEATH BUT I  R WHICH OPERATION  (NTH DAY YEAR 19  RY  RY, OFFICE, FARM, ETC.)  ed from 219  oni	NOT RELATED TO THE TER.  WAS PERFORMED  21c HOW INJURY OCCUI  21f LOCATION  STREET  , 19  d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  A D V  MEDICAL STA  DIRECTOR PHYSIC	20b IF YES, WE IN CERTIFYING YES TO Y	OR PART 2)	IGS USED OF DEATH? NO  STATE that (1) (we)
WEDICAL .	Conditions, if any, which gave rise to immediate cause 10. stating the underlying cause last  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE NOT WHILE AT WORK Saw the deceased olive or above. (I) (we) (did) (did in 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE of 22d. PHYSICIAN'S NAME (TYPE	DUE TO, OR AS A CO  (c)  196 CONDITIONS CONTRIBUTE  196 CONDITION FO  216. TIME OF INJURY HOUR A.M. MO  316. PLACE OF INJURY (AT HOME, STREET, FACTOR  210. VIEW the body after dead	ONSEQUENCE OF  TING TO DEATH BUT!  R WHICH OPERATION  (NTH DAY YEAR 19  RY, OFFICE, FARM, ETC.)  editom 23c NAME OF CE	NOT RELATED TO THE TER.  WAS PERFORMED  21c HOW INJURY OCCUI  21f LOCATION STREET  4 that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death/accurred on the d	20b IF YES, WE IN CERTIFYING YES TO Y	OUNTY  d from the care DATE	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After should be detached far use os with the State Dept. of Health

March F/H 1101 E. North Ave.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

7 | 2 g | - g | 3 2 | 7  . . .

= Y\_ = 1

61360-61 TO THE STATE OF TH AND TERESTOR INC. TO THE TERESTOR OF THE STATE OF THE STA WILDIAM WARASAN TORRANIES STREETHALLA OFFICERS ERVERA BYA FORENCES SATURE . ARD HE PATERS A SALTE. SALTE. The september of the state of t

18al Hmore, 211d. 21224

19-09220 Triber Biller Jr. of the section of the section and the in terms in Costs. Elitare Buittmore with nongital sheet detal Markur Hartin esufficient 2052 to the state of the parent tans-.or times DCS Table 1, 120 to mark-frank 120 mark in Sandaron ( 25/85/2)

277.24

may be

within 24 haurs after

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physicia TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-119221

	REGISTRAR									).			
	CEASED NAME OR PRINT)	FIRST	LLC	NIADIE	ROBER			2a. DATE OF D	EATH A	4	24	YEAR	26 HOUR 12:2
3. SEX	ile		RACE Caucasi	lan	5. DATE OF	* BIRTH 27	19	6 AGE (IN YEAR	S LAST BIRTH	YRS.	MONTHS	DAYS	IF UNDER 24 H
Ma	RTHPLACE ISTATE ORF		U. S. A		MARRIED		ORCED [	9 BALTIMORI Baltir	nore	CL	ty OF DI	EATH	
Ва	it or town of de.		VAMC, I	HOSPITAL, NURSIN HFACILITY, GIVE STREET Baltimore	ADDRESS) Mary			120 USUAL OCH THE OF WORK FOR	A MOST OF	WORKING			king
130. S <b>Ma</b>	AL RESIDENCE (IF NUR STATE LTYLAND	TISE COUN HOWE	TY	134. CITY OR TOW Pasaden	a	-	NO 🛣	13e. STREET AD		Broo	k Di	rive	
	THER'S NAME FIRST GEORGE		E	ROBERTS	ON	LO	TTIE		MIDDLE			AT	KINS
	VAS DECEASED EVER (ES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU 229-18-		VAMC N		l Record	ADDRES				arylan
	Conditions, if any gave rise to improve (a), static underlying cause	mediate ng the	DUE TO, O	R AS A CONSEQUI R AS A CONSEQUI	il squ	المرمان (غ	ul car	Linoma	d	الما			
ATION	gave rise to im- cause (a), statis	which mediate ag the last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	metastat RAS A CONSEQUI	ENCE OF	NOT RELATED 1		INAL DISEASE		20b. IF YI	ES, WER	E FINDIN	GS USED
ERTIFICATION	gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG	, which mediate ng the e last. NIFICANT C	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	METS TOTAL RAS A CONSEQUI	ENCE OF	NOT RELATED 1	RMED	20a AUTOP	SY?	20b. IF YI IN CERT	ES, WER	E FINDIN CAUSES	
ICAL CERTIFICATION	gave rise to im- cause (a), statin underlying cause  PART 2 OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [	, which mediate ng the last.  NIFICANT C	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  196 COND  216 TIME O  HOUR A.	R AS A CONSEQUI	ENCE OF	NOT RELATED 1 I WAS PERFOR 21c. HOW INJ	RMED URY OCCURP	20a AUTOP	SY?	20b. IF YI IN CERT	ES, WER	E FINDIN CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imcourse (a), stating underlying cause  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR  WHILE IN JURY OCCUR  WHILE IN OTW AT WORK AT WAT	which mediate ng the elast.  NIFICANT CONTINUE CAUSE OF DEA CALEXAMINER)  RED  MILLE CONTINUE	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CC  196 COND  196 COND  196 COND  216. TIME O HOUR A. P. 21e. PLACE- (AT HOME, STH	R AS A CONSEQUI	ENCE OF  DEATH BUT N  OPERATION  AY YEAR  19  FARM, ETC.)	NOT RELATED 1 WAS PERFOR 21c, HOW INJ 21f, LOCATION STREET	RMED URY OCCURP	200 AUTOP YES 1	SY?  NO PROPERTY OF INJURY	20b. IF YI IN CERT Y IN ITEM 18	ES, WER IFYING YES , PART 1 OR	E FINDIN CAUSES	GS USED OF DEATH?
	gove rise to imcouse (a), stating underlying cause  PART 2 OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (IFEITHER, NOTIFY MEDIC  21d, INJURY OCCUR WHILE AT WOR AT WOR 22a, I certify that sow the market	, which mediate ng the elast.  NIFICANT CONTION  DERLYING CAUSE OF DEA CAL EXAMINER)  RED  HILL CONTINE CONTIN	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  196 COND  216. TIME O HOUR A. P. 21e. PLACE: (AT HOME, STE	R AS A CONSEQUI	ENCE OF  DEATH BUT N  OPERATION  AY YEAR  19  FARM, ETC.)	NOT RELATED IN WAS PERFORE THE PERFORMANCE TO THE PERFORMANCE	URY OCCURR	200 AUTOP YES 1	SY?  NO PRE OF INJURY  ITY OR TOWN	20b. IF YI IN CERT Y IN ITEM 18.	ES, WER IFYING YES	E FINDING CAUSES	NGS USED OF DEATH? NO STATE
	gove rise to imcouse (a), stating underlying cause  PART 2 OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (IFEITHER, NOTIFY MEDIC  21d, INJURY OCCUR WHILE AT WOR AT WOR 22a, I certify that sow the market	, which mediate ng the elast.  NIFICANT CONTION  DERLYING CAUSE OF DEA CAL EXAMINER)  RED  HILL CONTINE CONTIN	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  196 COND  216 TIME O HOUR A. P. 216 PLACE: (AT HOME, STE	R AS A CONSEQUI	DEATH BUT N OPERATION AY YEAR 19 FARM, ETC.) MATCH	NOT RELATED IN WAS PERFORED IN WAS PERFORED IN STREET IN THE PERFORMANCE IN THE PERFORMAN	URY OCCURR	200 AUTOP YES 1 RED (ENTER NATU	SY?  NO PORTONIUM  ITY OR TOWN  on the do	20b. IF YI IN CERT Y IN ITEM 18	ES, WER IFYING YES , PART 1 OR  COI	E FIND IN CAUSES  R PART 2)  UNITY  Iram the	NGS USED OF DEATH? NO STATE
	gove rise to imcouse (a), statium and	DERLYING CAUSE OF DEA	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  196 COND  216. TIME O  HOUR A.  P.  21e. PLACE: (AT HOME, STE	R AS A CONSEQUI	DEATH BUT N OPERATION AY YEAR 19 FARM, ETC.) MATCH	NOT RELATED IN WAS PERFORED IN WAS PERFORED IN STREET IN THE PERFORMANCE IN THE PERFORMAN	URY OCCURR	200 AUTOP YES 1 RED (ENTER NATU	RE OF INJURY  ITY OR TOWN  THE do  STAF  PHYSICI	20b. IF YOU IN CERT IN CERT Y IN ITEM 18  Attended to and hore FIAN X  BOUL	ES, WER IFYING YES	E FINDING CAUSES  RPART 2)  UNITY  From the  2c. DATE	NGS USED OF DEATH? NO  STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

12750	- 6				
24 79 12:25		moath.	HOM (4.07)	1 275.0	<b>3</b>
	3.9	27 19	einn e	Cauce	Male
	nantifall	X	· A	2 .0	Marylend
residents N	Lands Delign	rleof 21216	Palitione, Var	OUV	orositte.
mia! 'ooa.	95 1/11-0-	2/	กมาอิธรลร	120 00	i no. Tan i
avii.c.A		30.70.	16 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3	ECHOED
diior, Erplan	al Records, Mr	rotters trutt	229-18-3766	TIAT	sel
		Section 16	12 1-4 vd		
	Х				
79	76 ti-dF	th 26 79	1. 24 79	l ng A	
	) Joen Revou Linove, invol				
Land Sale	eter te pp	4. (2)	///// /# to the heet		Louise Carlon

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-119773

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	•	0 3 2 2 4	
		CEASED NAME OR PRINT)	Doro	LLIIA	MIDDLE	R	"Robinson OBINSON	20. DATE OF DEATH	монтн 0 4	DAY YEAR 21 79	26 HOUR
	3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 2
	F	emale		Negro		Feb.	13 <sup>DAY</sup> 1933	46	YRS	MONTHS DAYS	HOURS
e		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9. BALTIMORE CITY		TY OF DEATH	
577	S	outh Carol	ina	U.S.A		WIDOWE		BALTIMORI	E CITY	Y	
ied		TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND (	OF BUSINES
23		Ltimore			Home Hos			Food Serv		Hospi	tal
ed 135	130	AL RESIDENCE (IF NUF STATE Cyland	13b COU	ROTHER INSTITUTION NTY	13c. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS?	3614 Edmor		Ave./BA	ltimo:
Pine	14. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LA!	
·公公	Jo	seph			Millers		Florine		Pa	atton	
lico I	160 \	VAS DECEASED EVER		RMED FORCES?	16h SOCIAL SECU		17. INFORMANT	ADDI			
med	1	10			248-46-7	916	Florie Mille	r/3614 Edmo	ndsor	n Ave./B	alto.
ony injury, or oth	CERTIFICATION	PART 2. OTHER SIG	e last.	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COI	20b. IF Y	GIVEN IN PART 1( ES, WERE FINDI TIFYING CAUSES	NGS USED
Swor	FIE							YES D NOT		YES [	NO [
d or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUP WHILE NOTIFY	CAUSE OF DE CALEXAMINER RRED	21e PLACE		AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ		8, PART 1 OR PART 2)  COUNTY	STA
arke	-	AT WORK AT W				March	13 70	1 mm = 1	23	7.0	
m 21 is m		sow the deceo obove, (I) (we)	sed olive or			19_, or	nd that in (my) (our) opinion	death occurred on the	dote and h	our and from the	
- TZ		22b. SIGNATURE	M		sways		DEGREE ATTENDING PHYSICIAN [	MEDICAL ST.  DIRECTOR   PHYS	AFF ICIAN 🔽	22c DATE	21/7°
MPORTANT		GO P	AL (	GURU			1	wich H	Osfoi	tal c	urch
	Bu	BURIAL, CREMATION SPECIFY) ITIAL		April :	26,1979 Ba	altim	emetery or crematory ore National	23d LOCATION CITY OF TOWN Baltimore			ryland
7	24 F Ma	INERAL DIRECTOR	Jone	s.Jr. F	uneræ læs Hor	me	BAlto.Md. AP	TE REC'D. BY REGISTRA	R 25b. REGI	STRAR'S SIGNAT	URE
	Ī	urnell B.	0d en	74101 E	dmondson	Ave./	BAlto.Md. AP	R 5 1070	the	truescel	ready

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The

retoined by the hospitol

			181103	
	ries de			
			.J za	Lioned mark
Indicated making two		logico e o i su		n de la
atticities of malacine start		a Charles		la hosk to
	Line Agencia			
ASSET VANA TOSISE ASSETS				

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 26 HOUR Villiam (TYPE OR PRINT) 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MONTHS DAYS MALE NEGROID BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED COUNTRY) WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO B+0 PROUIDENT MOSDITAL W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS . 3011 ELGIN AVE. DALTO. NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME puo THE GROUE TELLA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SANE WWI APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAJED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ he buriol-tronsit paid Mentol Hygier 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING . CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the degeosed from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove. (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be 23c. NAME OF CEMETERY OR CREMATOR 230. BURIAL CREMATION, REMOVAL 23b. DATE BALTON STATE BP URIAL 250. DATE REC'D. BY REGISTRAR 35. REGISTRAP TO ATLIPE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1348 CALHOUR ST. (VR A 15 (4)) DAILEV

deoth certificate be

OR ATTENDING PHYSICIAN: The lo

etoined by the hospital or ottending physician.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09226

1	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	T 9 -	09226	
	ECEASED NAME FIRST	MIDDLE	- L	AST	20. DATE OF DEATH		R 2b HOUR
(TYF	Louis	Paul	R	omeo	April 22	1979	
3. SI		. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
	Male	White	Jan	7 7001	85		AYS HOURS MIN
70 F		b CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY C	YRS. PRICOUNTY OF DEAT	H
99	COUNTRY)		MARRIE	NEVER MARRIED			
10.0	Ltaly  CITY OR TOWN OF DEATH	U.S.A.  1. NAME OF HOSPITAL, NURS	WIDOWE		120 USUAL OCCUPAT	ore City	MD ND OF BUSINESS OR
72		(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADORESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUS	TRY
/U	Balto.  UAL RESIDENCE (IF NURSING HOME OR C	4724 Eugene			Carpent	er	_
7 13a.	STATE Md.	13c. CITY OR TO Balt	WN	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	1	Eugene At	/e•
14. F	FATHER'S NAME FIRST FRANCESCO	Rome	0	Christi	MIDDLE	F	Busti
16a	WAS DECEASED EVER IN U.S. ARA	NED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDR		04001
	YES, NO OR UNKNOWN) (IF YES, GIVE	207-05		Virginia R	omeo (wif	e) same a	address
	18. CAUSE OF DEATH (Enter onl)				(11111		PROXIMATE INTERVAL
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO			MINAL DISEASE OR CON	IDITION GIVEN IN PAR  20b. IF YES, WERE FII	NDINGS USED
9					YES NO	IN CERTIFYING CALL YES [	ISES OF DEATH?
4.1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PAR	т 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	22a.   certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not	Feb 29 19	0-	nd that in (my) (our) opinion	death occurred on the d	ote and hour and from	that (I) (We) lost the couses stated
	22b. SIGNATURE	Merion Ch	enc	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	ATE SIGNED
	22d. PHYSICIAN'S NAME TYPE OR Dr. S.	Elliott Har	ris	22e. ADDRESS	O Harford	Rd.	
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	, ,		edeemer	23d LOCATION CITY OR TOWN.	· · · · · · · · · · · · · · · · · · ·	Md .
24	FUNERAL DIRECTOR  *SCHIMUNEK F  Home, Inc.	uneral 3991 Balt	Breh	ms Tanel	R 2 5 1979	25b Harris SIG	NATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

Home

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled wit with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

92260-61

STATE OF MARYLAND 79-09227 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH DECEASED NAME DAY 26 HOUR TYPE OR PRINT) EDWARD C. 1979 ROOS APRIL 14 3:10 M 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH MONTH YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? **₹0 BIRTHPLACE** (STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 130. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST LAST FIRST FIRS1 MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT Pages (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTRA-4BDOMINAL IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF BLEEDING DIATHESIS 16) GEVERALIZED Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse MULTIPLE MYELOMA 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION ō SERS(> 19b. CONDITION FOR WHICH OPERATION 200, AUTOPSY 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? YES YES [ NO I NO M Hygie Sh 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2). 28 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (Mr (this hospital) attended the deceased from. sow the deceased alive on APRIL , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF = MI should be deto with the Store IMPORTANT: II DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS BOHRER STUMPLE 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAP'S SIGN TURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAME (VR A 15 (4))

Ī	2 2 8 - 0 3 2 2
Mark Street	21 8 19 8 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO LAST 2a. DATE OF DEATH 2h HOUR MONTH Rose 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HTHOM YEAR MONTHS DAYS HOURS 70. BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED DEVERMARRIED WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY form USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. NO [ 00 Pennsylvania 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST LAST Turner Robert E. Ford Emma ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) T. Ford 2223 Ivey Avenue Robert APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an \_ and that in (my) (our) opinion death accurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED ATTENDING , MEDICAL STAFF DIRECTOR PHYSICIAN 124 PHYSICIAN'S NAME ITTE OF PRINT 22e. ADDRESS 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE CITY OR TOWN COUNTY Balto

harles 1300 Eutaw Place

25a. DATE REC'D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The second of th CHANGE STORES OF THE PROPERTY OF THE PARTY. Carried and the contract water of the water in a victor AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

and the companies that the same of the companies of the c

The second of th

FOR

(VR A 15 (4))

STATE OF MARYLAND

08381-04 Beltinor listy Int Front programmel that a sound all Tomb property - william Arrests from Paracyce Extensive Pressure Sures Inform 66-61-4 Company of the state of

April 6 197=

Carcino a Involving The Bladder

Bowel Obstitutional Sweet

NA NAME OF THE NAME OF THE PARTY OF THE PART

is to two to execute the trust often the time to be the coloration

the witness of the state of the

Macore Of Transicional

A Company Special Since

STATE OF MARYLAND 79-09232 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME LAST 20 DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) LEON JACK ROYER APRIL 18 1979 6.08PM 4 PACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNGER I YEAR IF UNDER 24 HRS MONTH Male White Sept. 7, 1938 **BALTIMORE CITY OR COUNTY OF DEATH** 16 BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Sh Federalsburg, MdL U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Clerical DePont Corp. JOHNS HOPKINS HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 138. CITY OR TOWN 13e, STREET ADDRESS 13d. INSIDE CITY LIMITS? Federalsburg 106 Park Lane Caroline Maryland YES X NO [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDOLE LAST MIDDLE LAST Virginia Rowins John M. Royer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Maryland 21632 (YES NO OR UNKNOWN) 1961-1965 217-36-2425 Yes John M. Royer, 106 Park Lane, Federalsburg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost, 156450 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES D NO [ Нуд 4ç 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 50 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) This haspital Dattended the deceased from, 79 and that in (my) (our) opinian death occurred on the date and hour and from the causes stated saw the deceased alive an\_ above, (I) (we) (did) (did not) view the body ofter death DIRECT 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PA MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should by 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) COUNTY Apr. 22, 1979 Burial Hillcrest Cemetery BP. Federalsburg Caroline 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S ST 24 FUNERAL DIRECTOR Framptom-Hawkins Funeral Home, 216 N. Main St. DHMH - 16 50M 7/77 (VR A 15 (4))

9-38282 CAST EX HOLD TO THE THE PARTY OF THE PARTY O FOR

(VR A 15 (4))

STATE OF MARYLAND 9-09233 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS HOURS

126. KIND OF BUSINESS OR

INDUSTR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

NO F

STATE

YES [

COUNTY

N. N.

APRIL DES APPLICATION

ST	A	TE	OF	M	ARY	LAND	
 -	_						

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

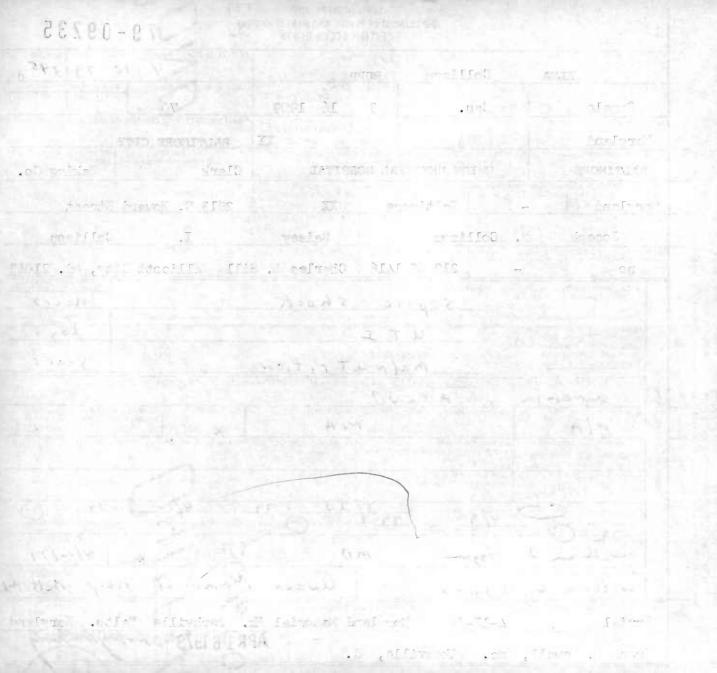
	1-	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	GIENE REG. NO	79	-092	35
		CEASED NAME FIRST (OR PRINT)		llison	RUI	LAST		HINOM	DAY YEAR	26. HOUR 3 45
	3. SEX		4. RACE	LITZOII	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	J. JL	female	Can	1.	MONT		7/		MONTHS DAYS	HOURS MIN.
25	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY		12.00
4	10 CI	ITY OR TOWN OF DEATH BALTIMORE	11. NAME OF		IG HOME (	OR OTHER INSTITUTION	BALTIMOR  12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Clerk	ON	12b. KIND C	of BUSINESS OR
3	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL aryland		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2813 N. 1	Howard		t
00	14. FA	ATHER'S NAME FIRST Joseph	M. Col:	Lis on		15. MOTHER'S MAIDEN NA FIRST Daisey	ME MIDDLE		Colli	
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	212 05	1416	Charles L.	ADDRE Sill Ellic	ss cott 0	City. M	1. 21043
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT  ONE WILL  19a DATE OF OPERATION	(b)	A50	T I	NOT RELATED TO THE TERM	200 AUTOPSY?  YES 120 NO 1	20b. IF YES	/	NGS USED
2	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	74 -			10 2
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
		27a I certify that (I) this has saw the decessadables obover (II) for did 1 did 1 27b. 5/GPA Marks				nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [		ite and hou	22c. DATE	
1		22d. PHYSICIAN'S NAME (TYPE	1.	N S		22e ADDRESS UNZON	Memoria		Hosp.	Bult. My
	1	BURIAL, CREMATION, REMOVA SPECIFY BURIAL	236. DATE			emetery or crematory nd Memorial P.	23d LOCATION CITY OR TOWN Parkvil	-		state Saryland
	24. FL	UNERAL DIRECTOR	Total	ADDRESS	7 - W	25a. DAT	PRT 6 1979AR	25b. RECISI	PARSSYNO	Desoly

Pikesville,

DHMH - 16 50M 7/77 (VR A 15 (4))

Mewell,

Inc.

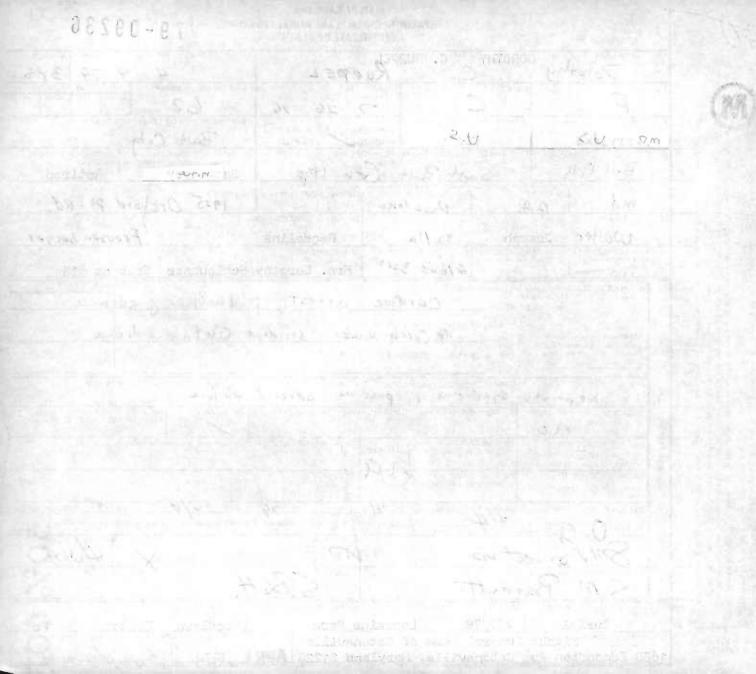


BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09236

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	I. DEC	CEASED NAME	FIRST DO	ROTHY A	AIDDLE C.	RUPPEL	LAST			YEAR 7	26 HOUR
	(ITPE	Dorot		(	2.	//	PREL		4 4 -	79	340am
	3. SEX	× /	4 R	RACE		S. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
		7	1	/ (	-	MONI	DAY YEAR 76	62	YRS.	DAYS	HOURS MIN
2	7a. BII	RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF V	WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	ATH	
5		Maryland		U	SA	WIDOW		Balt	Cita.		MD.
1	10. CI	TY OR TOWN OF DEA	ATH [11]			URSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF USTRY	BUSINESS OR
-	00211	Balt Cit	> 1	So	th B	alt G	en Hosp	Secretary		Reti	red
1	13a. S	AL RESIDENCE (IF NURS	136 COUNTY	ER INSTITUTION,	13c. CITY OR	TOWN	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS	. ( / .		
J		md	AA.		Pas	adena	YES NO	1925	Irchard f	+ 4	ld.
11	14. FA	THER'S NAME	MIDD	LE	LAS	1/	15. MOTHER'S MAIDEN NA	ME	-	LAST	
66		Walter	Josep		Dal	la	Magdelina			en b	erger.
6	16a V	VAS DECEASED EVER	IN U.S. ARMED			SECURITY NO.	17 INFORMANT	ADDR	ESS		
for		no			2160	3-3814	Mrs. Dorothy	/ Schleupne:	r Same as	3 #13	3
		18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for (o), (b	b), and ici			BE	APPROXIM TWEEN ON	NATE INTERVAL
		PART I. DEATH W	AS CAUSED BY		C	ardiac	arrest	bulmona	us eden	ra	-
		1621	MANATORIC						U		PERMIT
		Condition		DUE TO, OF	R AS A CONS	COLLEGE US	adar nacides	of Cosoban	1 o de ma		
		Conditions, if any, gave rise to imm	mediate }	(b)	7	51 - NO 100	Court Of Court	a andina	1 20019		
		underlying couse		DUE TO, OF	R AS A CONS	SEQUENCE OF					
				(c)							
	NO		phraticon	Synd			NOT RELATED TO THE TERM		DITION GIVEN IN P	ART 1(0)	
7	CERTIFICATION	19a DATE OF OPERA	4	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE IN CERTIFYING CA	FINDING	3S USED
/	IF.		n.a.					YES NO	YES T	AUSES C	NO
1	CER	21a. ACCIDENT WAS UNE	DERLYING _	216. TIME O			216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P	ART 2)	
1		OR CONTRIBUTING			M. MONTH	DAY YEAR					
	MEDICAL	21d. INJURY OCCUR		P./ 21e. PLACE (		1100	21f. LOCATION				
П	WE	WHILE IT NOT W	HILE [			FFICE, FARM, ETC.)	STREET	CITY OR TO	wn coun	ITY	STATE
		AT WORK AT WO				4/	1 20 76	· W/W	10 75	- 1	1 (1) ( 1) I= 1
		22a.l certify that (1)	od alive on	4/4/	100		nd that in (my) (our) apinion	denth accurred on the d	, 17	, "	not (I) (we) lost
		obove (I) we k	did (did not) vi	ew the betty	ofter death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		acom occurred on me a			
	-	27h SUGALAMERE		ad -			DEGREE ATTENDING	MEDICAL STA		DATE S	IGNED
		Onl	terel	mo.			PHYSICIAN [			441	79
1		22d. PHYSICIAN'S N	AME LINE OR PRI	NT)	_		22e. ADDRESS	11		, ,	
1		SM.	Bar	rneti			5.06.	T.			30 %
	23a. B	BURIAL, CREMATION,	REMOVAL 1	36. DATE	162	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		ŞTATE
	(5	SPECIFY) Buria	al	4/7/7	9	Lorrain	ne Park	Woodlawn	Balto		Md
	24 FL	JNERAL DIRECTOR U						E REC'D. BY REGISTRAR		IGNATU	
							and 21228 ADI	9 66 10.70	D. L. A.	La P.	



ending physician and campletely filled in by the funeral carbon papers. Pages 1 and 2 shauld be filed within 72

injury, ar ather traumatic event, th

MPORTANT: If them 21 is marked or them 18 shows

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The la

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-119237

FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE $79 - 09$	9237
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIODIE	LAST		AY YEAR 26. HOUR
PAUI	С.	RUSS	APRIL 8, 197	9 8:17P <sub>m</sub>
3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	May 4, 1917	62 YRS.	ONTHS DAYS HOURS MIN
IN BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Pennsylvania	U.S.A.	WIDOWED DIVORCED [	1 01.	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	17a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
Baltimore	Church Hospit	-	Maintenance	High School
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION) DWN 134, INSIDE CITY LIMITS?	13e STREET ADDRESS	
Pennsylvania Da	auphin Harrist		609 S. 22nd St:	reet
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	N AME MIDGLE	LAST
Frank	Rus	s Amelia		Magaro
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
No	172-01-	7519 Julia Russ	Same as #13.	
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		DUENCE OF	RMINAL DISEASE OR CONDITION GIVE  200 AUTOPSY? 20b. IF YES, INCEPTIES	WERE FINDINGS USED TING CAUSES OF DEATH?
31			YES NOTE YES	
OR COLUMNIA CALLES OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART I OR PART 2)
THE EITHER, NOTHY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.]	CITY OR TOWN	COUNTY STATE
saw the decease alive abave, ( (we) (did) did	on APRII. 8 19 nat) view the body after death.		on death occurred an the date and haur	9
22b. SIGNATURE	chiam	DEGREE  H.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-8-79
J. BE	ERTRAM, M.D.		TURCH HOSPITAL C BROADWAY, BALTIM	
23a BURIAL, CREMATION, REMOV	AL 23b. DATE 23	C. NAME OF CEMETERY OR CREMATOR	23 d. LOCATION CITY OR TOWN	COUNTY STATE
Burial		esurrection Cemete		Pennsylvania
24. FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	eral Home, Inc. T		PR 1 6 1979 ding	my/Kelrusdy

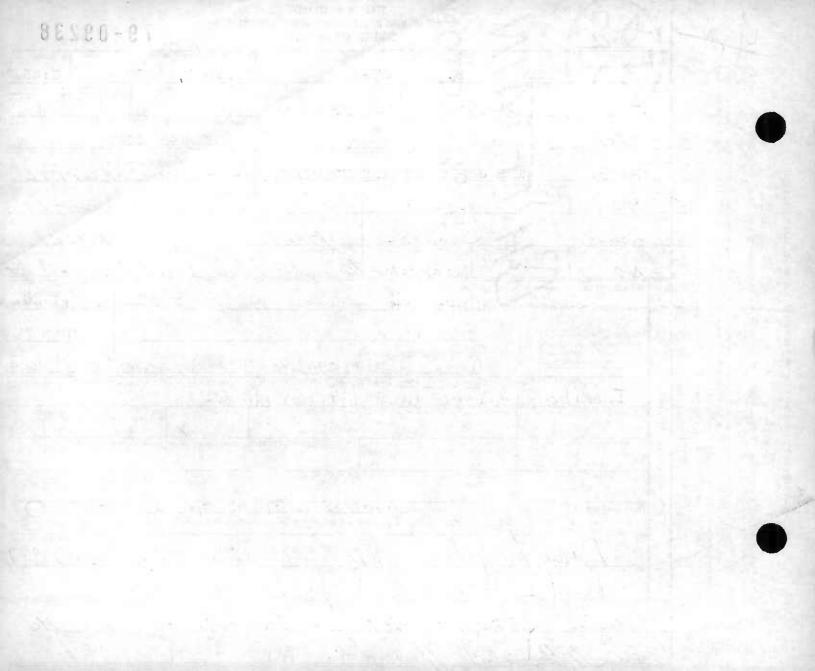
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

(1)

79-09237			
	agair -		
	721 , 121		
Tallthorn City,		U	Almoyl amar
too as a life in as a less at		Substitution in the	020012157
903 B. 37 x 36 Mac 10 (90	Σ	and transfer and a	g market compa
	3.42	bo. 4	
Same on Phy.	acri offici	- L - 11.	
			25 M

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 79-09238 CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) **EMMA** B. RYBAK APRIT. 1979 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS To. BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS place YES A NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c'.) PART I. DEATH WAS CAUSED BY: W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 0 gove rise to immediate couse (o), stoting the DUF TO OR AS A CONSEQUENCE OF underlying couse last. nouna DIVISION OF VITAL RECORDS, 201 50 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 0 prior 90 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? burial-transit per Mental Hygiene NO NO [ YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY P (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE marked WHILE AT WORK March 220.1 certify that (R (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED be detact MEDICAL -ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY STATE 250. DATE REC'D. BY REGISTRAR TSLINE STRAKS SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND



			/						ARYLAN							
6-		12	FÓR STATE				MENT OF H						7.0	0.0	220	
19	Λ		REGISTRAR				EXAMINE	ER'S C	ERTIFIC	CATEC	OF DEA	TH	REG NO.	: 09	239	
	/		CEASED NAME OR PRINT)	E FIRST		MIDDLE		L	AST		2	OF I	IOWN X	MONTH	DAY YEAR	2b. HOUR
	S	(	CORTRIES)	JOSE	РΗ	$\mathcal{B}_{\bullet}$		RY	ER		- 1	DEATH N	ATED	4	26 19 7	9 4
	CTOR.	3. SEX	(	4. RACE	5. DATE OF B	IRTH DAY YEAR	6. AGE (IN YEAR	RS IF UNI	DER 1 YR.	IF UNDER		C DATE		MONTH	DAY YEAR	7:29
	ARY, PLEASE DIRECTOR.	-	nale	white	Septe	3,1919	59 YRS		DAYS	HOURS	MIN.	DEAD		4	26 19 7	9 a M
	SSAI	76. B	RTHPLACE (			F WHAT COU	NTRY?	8. AAADDIE	D X NE	/ED AA ADD	IED []	9. BALTIMOI	RE CITY OF	R COUN	TY OF DEATH	
	NECESSARY, FUNERAL DIR 5 FO WITH	FC	REIGN COUNTRY	1d.	U.S.	A.		WIDOWI		DIVORO		Bal t	imore	Cit	У	MD.
	AY IS N THE F AGE 5	10. C	ITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NU	JRSING HOME,	OR OTHE	R INSTITU	LION		AL OCCUPATION OF ALL OCCUPATION OCCUP		OF WORK	12b. KIND OF B OR INDUS	USINESS TRY
	PAC PAC BE FII		Baltin	nore			ore Gen	eral	Hosp	ital	Ship	Stof WORKIN	2		(1) 11 1	rem
	Y DEL	USU/	AL RESIDENCE	(IE NO PARTY HONE	OR OTHER INSTITUTE	ON, GIVE RESIDENCE	E BEFORE ADMISSIO	MD			. 113e STRE	ET ADDRESS				77.74
21201	IF ANY DELAY 3. RETAIN PA SHOULD BE F RECORDS, 3	130. 3	TATE do	Anne	Arunde	L Pa	sadena		YES 🗌	NO Z	1395	Peace	2 Driv	ve,	21122	
	- 7 8 8 7 T	14. F	ATHER'S NAM	E	MIDDLE		4457		15. MOTHE			MIDE			LAST	
W.	R DEATH.		John		W.		Ryen		C	annie	2	71130			Desch	inger
OR	FORM P FORM P FORM P FORM P FORM P FORM P	16a. V	VAS DECEASE	DEVER IN U.S. A	RMED FORCES?	16b SC	CIAL SECURITY	NO.	17. INFORA	TUAN			ADDRESS			
BALTIMORE,	SIO SIO		ES, NO OR UNKN	OWN) (IF YES, GIV	WAR OR DATES)	213	-10-718	6	Edna	B. R	yer	same	2 01	13		
W W	HOURS AI A 18. GIVE JG WITH MIT. PAGE VE, DIVISE			OF DEATH (Enter o	nly one cause pe	er line for (o), (b	o), ond (c).)				,,				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
ST.	24 HO ITEM 1 (LONG PERMIT GIENE,		PARTID	EATH WAS CAUS	ED BY: ATE CAUSE (a)	Arterio	sclerot	ic c	ardio	vascu	ular	diseas	e			
O NO			142	99	DUE TO	O, OR AS A CO	NSEQUENCE O	F								
PRESTON	NSI H			ons, if ony, which												
× .	DTED WITH N PENCIL II EXAMINER HAL-TRANS MENTAL I OR REMOV		cause (c	) stoting the unde		O, OR AS A CO	NSEQUENCE O	F								
301	ECUTED WITHIN 37 IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT ND MENTAL HY NO R REMOVAL		lying ca	use last.	(c)_											
35,3	N: FRZZ		PART 2 OTHER S	SIGNIFICANT CONDITION		OEATH BUT NOT REI	ATEO TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PA	ART 1 (a).					
RECORDS,	PENDING PENDING FF MEDIC/ SED AS A B HEALTH A CREMATIO	Z														
	L REA	ATE	19a. DATE O	FOPERATION	19b. CC	ONDITION FOR	WHICH OPERA	ATION W	AS PERFOR	MED?					20. AUTOPS	Y?
DIVISION OF VITAL	SHOULD ORD "PEP CHIEF A E USED I OF HEA IAI, CREA	CERTIFICATION	1119												YES X	NO 🗆
<u> </u>	THE WORD TO THE CHIE TO THE CHIE TOULD BE US ARTMENT OF TO BURIAL,	E E		AL CAUSE WAS		ME OF INJURY	. DAY WEAD	21c. HC	W INJURY	OCCURR	ED (ENTER N	ATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PA	ART 2)	
O Z	FICA THE TO T TO T TO T	1 A	UNDERLYIN	G OR		P.M.	DAY YEAR									
ISIO	F (2) + 2 = 2	MEDICAL	21d INITIRY	OCCUPRED	21e. PL	ACE OF INJUR	Y (AT HOME,	21f. LOC								
Vid	WRITIN WARDEL VARDE AGE 3 ATE DE	Z	WHILE AT WORK	NOT WHILE	STREE	ET, FACTORY, FARM,	ETC.)	Si	REET			CITY OR TOWN	- 20	СО	UNTY	STATE
	- X 4 12				f.1 .	1 1 1			X.	1		[	7	11.		
	CATE FOR: THE VD, 2	1		tify that I taok cho	-	+		Autops		Inspection		Inquiry L		d in my o	pinjon	
			death resul	Ited from: Not	ural causes	Accident	LI, Sun	cide	Hamie		Undete	ermined mon	ner,			
	CAL EXANTHE CERT SHOULD ISRAL DIREGATH, WITH		ACTUAL	Ilera	144.0	Lala	On		1	PECIFY)	n t			DATE	4-26	79
	SHC SHC SHC SHC SHC SHC SHC		SIGNATURE	-	miles !	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ 11)	M.	D. ASS	ISLA	II C MEDI	CAL EXAMIN	IER	SIGNI	ED 4-20	1.10
	UTE T UNE S WORE	1	EXAMINER'S	S NAME	ginia I	Dol av	M D	Mari	Dobess	111	Donn	C+				
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICATION OF PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLA	770 5	TYPE OR PR	ATION, REMOVAL		DOTAL			DDRESS_		Penn_	CATION				
		230.2	Burial	/	11/20/1	070	1 II	C	CILMAI	S .	CY	OR TOWN	ni A	CON	Arundel	STATE
	BP	24. F		CTOR	4/30/1	7/9 19	sen flav	en	em.	250. DATE	REC'D. BY	REGISTRAR	25b. F. 518	TRAR'S	SNATURE	IIId.
	DHMH - 17 (VR A15 ME (5))	M	d'iller	F.H. Mou	intain X	Dones 1	Vach Rd	4 7	a Mal	APR	27	1979	Buil	my A	recherchy	
	15M 7/76	1	Land	1 1110	o sission	· ILUK I	reak nu	). / (L	Jol'Illo	HIL	NI	13/3		/	1	

6 C 2 G ft - C ft - Here is a state of the s The three states and the second of the secon Comment and the second of the State of the day of th The second of the second secon

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-19741 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO WIDDLE LAST 20. DATE OF DEATH L DECEASED NAME 2b. HOUR (TYPE OR PRINTS APRIL **EDWARD** SAUNDERS 9:05P Jr. 4 RACE IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HTMOM HOURS Male Black 3 1923 55 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY) Va. MARRIED NEVER MARRIED BALTIMORE CITY U. S. A. WIDOWED DIVORCED X 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS 13e STREET ADDRESS Md. Baltimore 13d. INSIDE CITY LIMITS? 1420 N. Bond St. YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edward Saunders Sr. Minnie Pealiee Bridgen DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-18-4799 1420 N. Bond St. Erma L. Grimes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 0 - non Caseou 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? M NO YES IX NO F Hygier Hygier 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) 71h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) this hospital ottended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an obove, (1) (we) did (did not) view the body ofter death 22b. SIGNATIURE DEGREE 22c. DATE SIGNED FUNERAL DIR uld be detoch h the State De + ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 10 with Oh 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) COUNTY Arbutus. Md. Burial 4/9/79 Arbutus Memorial Dk 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave

13260-62

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at ance.

FOR STATE

Mitchell-Wiedefeld Home 6500 York Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09242

	CEASED NAME FIRST OR PRINT)	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	BEULAH	Watts SA	UTERS	MSC. 2		07	0879	9:00A1
3 SE)	Female	White	5. DATE C		6. AGE (IN YEARS LAST BIRT)	HDAYI YRS.	MONTHS DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNT		<i>N</i>
BA	TY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATE (TY HOUSE WIT			F BUSINESS O
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULT TO THE TATE 136 COULT TO THE TATE TO THE T	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltimo	'N	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 4200 Loch	Raven	Blvd	
14. FA	THER'S NAME FIRST	MIDDLE LAST Watts		15. MOTHER'S MAIDEN NAM FIRST Ella			Thawle	
		RMED FORCES? 166 SOCIAL SECU		17. INFORMANT  Jeannette Cani	ADDRE		as St.	21 21 8
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE    b)  DUE TO, OR AS A CONSEQUE						
TION	Onemia	CONDITIONS CONTRIBUTING TO D	y Dag	to al	intitude:			
TIFICATION	PART 2. OTHER SIGNIFICANT  OTHER SIGNIFICANT  190 DATE OF OPERATION  3/7 9	0 0	y Dag	to al	NAL DISEASE OR CONT 200 AUTOPSY? YES □ NO	20b. IF YE	S, WERE FINDING CAUSES	VGS USED
CERTIFICA	190 DATE OF OPERATION 3/79 210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YE IN CERTII	S, WERE FINDIN FYING CAUSES ES []	VGS USED OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION 3/7 9  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YE IN CERTII YE Y IN ITEM 18, I	S, WERE FINDIN FYING CAUSES ES []	VGS USED OF DEATH?
CERTIFICA	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK NOT WHILE SOW the deceased olive or sow the deceased olive or sow the deceased olive or	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURRI	200 AUTOPSY?  YES NO NOTION  CITY OR TOW	20b. IF YE IN CERTII YE Y IN ITEM 18, I	S, WERE FINDING CAUSES ES  PART 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO
CERTIFICA	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK  220. I certify that (I) (this hosp sow the deceased olive or obove, (I) (we) (did) (did not 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  attal) oftended the deceosed from 19  21 in the body ofter death.	AY YEAR 19 FARM, ETC.)	N WAS PERFORMED  211. LOCATION STREET  19.27  and that in (my) (our) opinion d DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO MEDICAL STAF DIRECTOR PHYSIC	20b. IF YE IN CERTII YE IN CERTII YE IN CERTII YE IN ITEM 18, IN I	S, WERE FINDING CAUSES ES  PART 1 OR PART 2)  COUNTY  19  221. DATE	NGS USED OF DEATH? NO  STATE that (I) (we) locouses stated
CERTIFICA	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK  220. Servify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 27b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE C	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  attal) oftended the deceosed from 19  21 in the body ofter death.	AY YEAR 19 FARM, ETC.)	N WAS PERFORMED  211. LOCATION STREET  19. 27  and that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN   22e ADDRESS	200 AUTOPSY?  YES NO MEDICAL STAF DIRECTOR PHYSIC	20b. IF YE IN CERTII YE IN CERTII YE IN CERTII YE IN ITEM 18, IN I	S, WERE FINDING CAUSES ES  PART 1 OR PART 2)  COUNTY  19  221. DATE	NGS USED OF DEATH? NO STATE that (I) (we) lo couses stated
MEDICAL CERTIFICA	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  220. I certify that (I) (this hosp sow the deceased olive or obove, (I) (we) (did) (did not 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  OTT VIEW the body ofter deoth.  22b. DATE  22c. N	AY YEAR 19 FARM, ETC.)	N WAS PERFORMED  211. LOCATION STREET  19. 27  and that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN   22e ADDRESS	200 AUTOPSY?  YES NO MED (ENTER NATURE OF INJUR  CITY OR TOW  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YE IN CERTIL YE IN CERTIL YE IN CERTIL YE IN ITEM 18, I IN ITEM	S, WERE FINDING CAUSES ES  PART 1 OR PART 2)  COUNTY  19  221. DATE	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

20 1			a, u 2	i i i	IUHR
			171		olames.
1.10	(170. m) has Z		i.a	L	oryland.
g Silver the states are	Number - Ibe	h., k	IAL NOSPITA	LOUEL VIOLEU	c
Dwie mpva	1200_1001 (0		9104/3	154	A beauty 1
Pypiwali				augik	56,920.5
. Chas sp. 2121					
					Secretary St.
					Secretary St.
					Secretary St.
					Secretary St.

stropell-eletefuld Home odom York IV. 91212

STATE OF MARYLAND

		CEASED NAM E OR PRINT)	E FIRST Beve	rlv	MIDDLE	Sc	chaef	for			2a. DATE N	9 - Q KNOWN E ESTI- MATED	MONT		YEAR 19 79	2b. HOUR
D. WITHIN 72 HOURS W. PRESTON STREET.	3 SEX	emale	4. RACE black	S. DATE OF BIRTH	YEAR 4.7	6. AGE (IN YEAR LAST BIRTHDA	RS IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2t. DATE PRONOUN DEAD		MONTH	19	YEAR 1979	2d. HOUR 6:55 a. M
PRESTO	7a. 811 FO	RTHPLACE (S	TATE OR	76. CITIZEN OF W				ED	VER MAR DIVOR	RIED LT	9 BALTIMO	ore city o				MC
E S D	E	TY OR TOWN Baltimo	re		ACILITY, GIVES	ton St	reet	ER INSTITU	TION		JAL OCCUP MOST OF WORK	ATION (TYP		12b. K	IND OF BU OR INDUSTE	
RECOR	USUA 130. S	TATE Md.	(IF IN NURSING HOME 13b. COU!	OR OTHER INSTITUTION, G	13 CM	VORTOWN	ity	13d. INSIDE C	NO [	13e, STR	EET ADDRES	ss Hil	ton	ST	•	
OF VITAL	14. FA	Ailen Ailen	. Schae	middle effer		LAST		Clai	adin	e Sh	errod				LAST	
DIVISION		VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16h. SO	CIAL SECURITY	NO.	Wm.		aeff	er 21	ADDRESS		alt	o.St	. Bro
REMOVAL.		gave r	ins, if any, which ise to immediate ) stating the under	(b)		NSEQUENCE (		9	15							
Ö	NO	lying ca		(c)				E OR CONDITIO	N GIVEN IN I	PART 1 (a).						
CREMATION, OR	TIFICATION	PART 2 OTHER S		(c)	BUT NOT REL		INAL OISEASI			PART 1 (a).				20.	AUTOPSY?	NO []
PRIOR TO BURIAL, CREMATION, OR	MEDICAL CERTIFICATION	PART 2 OTHER S  190. DATE OF  210. EXTERN  UNDERLYING CONTRIBUT  214. INJURY	FOPERATION  AL CAUSE WAS  OR OR OCCURRED	19b. COND  21b. TIME O HOUR A.A  21e. PLACE STREET, FAC	ITION FOR  IF INJURY  A. MONTH  OF INJURY  TORY, FARM,	WHICH OPER  A BAY YEAR  1 BAY YEAR  1 PAY YEAR	ATION W	OW INJURY	rmed? occurr nges1	RED (ENTER	NATURE OF INJR CITY OR TOW	VN.		PART 2	YESX	NO   STATE
21201 PRIOR TO BURIAL, CREMATION, OR	MEDICAL CERTIFICATION	Iying col PART 2 OTHER S  190. DATE OF  210. EXTERN UNDERLYING CONTRIBUT 210. INJURY OF  WHILE AT WORK  220. I cert death result	FOPERATION  AL CAUSE WAS  GOOD OR  ING CAUSE OF  OCCURRED  NOT WHILE  AT WORK	19b. COND  19b. COND  21b. TIME O HOUR A.A P.A 21e. PLACE STREET, FACE ge of the remains de	ITION FOR  OF INJURY  A. MONTH  A. OF INJURY  TORY, FARM.	WHICH OPER  ATEO TO THE TERM WHICH OPER  ATEO TO THE TERM TO THE THE TERM TO THE THE TERM TO THE THE TERM TO THE THE TERM TO THE THE TERM TO THE THE TERM TO THE T	ATION W  27c. Ho 21f. Lo 21f. Lo Autop	CATION  Sy X  Homi	MED?  OCCURR  OCCURR  OF ST  Inspecticide SPECIFY)	ted  on St.	CITY OR TOW Ba Inquiry ermined ma	vn altimo 	ore (	PART 2]	YES <b>X</b>	STATE
TATE DEPARTMENT OF HEALTH AND MI	MEDICAL CERTIFICATION	PART 2 OTHER S  196. DATE OF  216. EXTERN  UNDERLYING CONTRIBUT  216. INJURY 6  WHILE  AT WORK	FOPERATION  AL CAUSE WAS  CAUSE OF OCCURRED  NOT WHILE AT WORK  Ify that I took charted from: National Course of Cou	21b. TIME O HOUR A.A. 21e. PLACE STREET, FACE & Coral couses	ITION FOR  IF INJURY A. MONTH OF INJURY TORY, FARM, home  Accident	WHICH OPER  BAY YEAR  YE	ATION W  27c. He Sti 21f. LO 21f. LO 40tope	CATION  Sy X  Homi	OCCURP OCCURP OCCURP OFFICE OF THE OCCUP OCCUPANT OF THE OCCUPANT OF THE O	ted  on St.  ion,  Unde:	CITY OR TOW	NN  altimo  , or  noner X,	ore Condin my	PART 2]  COUNTY  Opinion  E  NED	Md 4/19	STATE // 79

14500-07 ALK SEEDS FAMILY FAMILY

<	l	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO	9-09245
nay be page 3	(TYI	Schame	1 Gilford	i i i st		MONTH DAY YEAR 26. HOUR 4 2 79 9:15 M
dor,	3. S	Male	(au	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
deoth. Pog		SIRTHPLACE STATE OR FOREIGN (COUNTRY)		MARRIED MEVER MARRIED WIDOWED DIVORCED	Balto.	
by the fur filed withing		Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET AS	L	Trinter	
LAND 212 LAND 212  nin 24 hour ly filled in should be iner must be	130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ANTY  136. CITY OR TOWN  Balto.	13d. INSIDE CITY LIMITS?		let Ave. 21214
ompletels ompletels ompletels omd 2 s	0	Marcus	MIDDLE Scham		MIDDLE .	Wilson
be execution and c		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR E WAR OR DATES) 2/6-24-	17. INFORMANT 4007 Mrs. Margare	et V. Schame	el 5511 Hamlet Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician.  When this certificate has been signed by the attending physician and completely filled in by as the busiol-transit permits. Then please remove carbonapers. Pages 1 and 2 should be fill the and Meunial Hygieste perior to busiols, cremation, or removal.  Orked or them 18 shows any injury, or other traumatic event, the medical examiner must be no		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and iD BY; TE CAUSE (a) Meta stat  DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN	IC Oat Cell Can	cinema	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 20 The low requires to con. It has been signed to be seen signed signed prior to buring shows ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DI	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO } \)
DING PHYSICIAN: TO or ottending physicial After this certificate of the ord Meurol Hygosimorked or frem 18 shimorked or frem 18 shimork	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 21f. LOCATION	RED (ENTER NATURE OF INJUR	
OR ATTENDO e haspital or DIRECTOR: A ched for use Dept. of Heal them 21 is m		saw the deceased alive an above (1) live I (1/d) (and no 22b. SIGNATURE	liver the bady after death.	M, D. ATTENDING PHYSICIAN [	death occurred an the do	te and hour and from the causes stated  22c. DAJE SIGNED  4/2/79
TO HOS retoined TO FUN should be with the	230.	Paul Fish BURIAL, CREMATION, REMOVAL		220 ADDRESS H	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP DHMH-16.50M7/77 (VR A 15 (4))		Caematian  FUNERAL DIRECTOR  NAME  Tohan ( Miller)	ADDRESS		e rec'd. By registrar PR 5 1979	25b. REGISTRAR'S SIGNATURES Lig

2 A S 2 C = 1	2.7				
				Ira	- 12 m
	64	15 9		.2120	D."
" FT	• 6 3	×		0.5.4	de
1 ol, rin is	ni ien		seita!	itule	10, 6, 10, 10
1/2/2	57/1 2010	У	.011		,
ack i	0	W	10/11/20		ancins
ov to - 1/32	1	NA. areare	1501- 42-		013
			V		
					shalf beg

## deoth. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

the attending physicion and completely filled in by the funerol altremove corbanpopers. Pages I and 2 should be filed within 72 hear

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

FOR - STATE

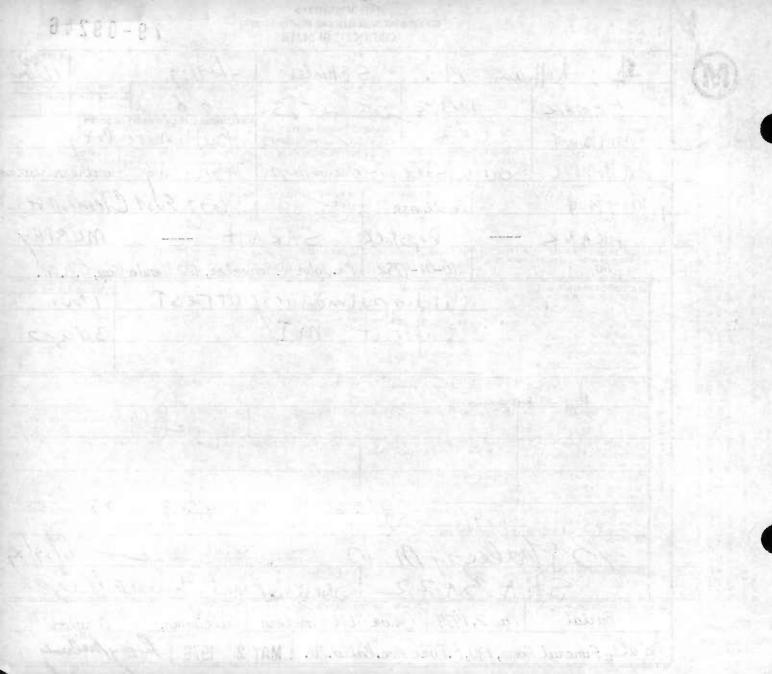
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-09246

	REGISTRAR					ATE OF DEATH	REG, N	0.		
1. DE-	CEASED NAME	FIRST	Wil	DDLE	LAS		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
3. SE.	7	NILL	RACE	111	5 DATE OF	C. heeler	6 AGE (IN YEAR'S LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
3. SE.	FE	nale	L	Wite	MONTH	DAY STEAR	6 6		NTHS OAYS	
	IRTHPLACE (STATE COUNTRY)	OR FOREIGN 7	b. CITIZEN OF W		? 8 MARRIED	□ NEYER MARRIED □	9 BALTIMORE CITY		FDEATH	
	Marylo	ud	u'	1 <	WIDOWED	DIVORCED [	balti	more	CITI	/ MI
10 C	Dallia	LO C		SPITAL, NURSI FACILITY, GIVE STREE N. Bau	T AODRESSI	meral Hays.	TYPE OF WORK FOR MOST O		INDUSTRY	ern Stat
130.3	AL RESIDENCE (IF	NURSING HOME OR C 13b COUNT	OTHER INSTITUTION, G	Baltimo	re II	34 INSIDE CITY-LIMITS?	13e. STREET ADDRESS.	east (	lem	en1st
	ATHER'S NAME FIRST P.R.	NK	DDLE	Pen	Stock	S. MOTHER'S MAIDEN NA	MIDOLE	-	Mi	TRPHY
	WAS DECEASED E' YES, NO OR UNKNOWN		VAR OR DATES)	216-01-	0000	7. INFORMANT Mr. John W. So	heeler, 322	Wende!		B.M.
	18 CAUSE OF DE	ATH (Enter only	one couse per li	ne for (0), (b), o	nd ic	1	10-505	T	BETWEEN	NATE INTERVAL
133	11.	IMMEDIATE		Card	opu	monar	141143		110	へ.
138	410-		DUE TO, OR	AS A CONSEQU		mT/			2 0	100
				1 . / / / /	01101				1 ) (//	(1)
	Conditions, if a gove rise to couse (o), st	immediate	DUE TO OR	AS A CONSEQU		17113			34	4)
	gove rise to couse (o), st	immediate	)	AS A CONSEQU		1/13			34	ay)
z	gove rise to couse (o), st underlying co	immediate ofing the use last.	DUE TO, OR	AS A CONSEQU	JENCE OF	OT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN	N IN PART 1	(0)
ATION	gove rise to couse (o), st underlying co	immediate of the use last.	DUE TO, OR	AS A CONSEQU	DEATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, V	WERE FIND	INGS USED
TIFICATION	gove rise to couse (o), st underlying co	immediate of the use last.	DUE TO, OR	AS A CONSEQU	DEATH BUT N			20b. IF YES, V	WERE FIND	
CERTIFICAT	gove rise to couse (o), sit underlying co	immediate of the of the course lost.	DUE TO, OR  IC)  DIABITIONS CONDITIONS  19b. CONDITIONS  21b. TIME OF	AS A CONSEQU NTRIBUTING TO	DEATH BUT NO		200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FIND NG CAUSE	INGS USED S OF DEATH?
CERTIFICAT	gove rise to couse (o), sit underlying countrying country in the DATE OF CALL TO ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	immediate of the use lost.  IGNIFICANT CO  RATION  UNDERLYING  CAUSE OF DEATI EDICAL EXAMINER)	DUE TO, OR  IC)  DINDITIONS CON  196. CONDITI  216. TIME OF HOUR A.M P.M	AS A CONSEQUENTRIBUTING TO	DEATH BUT NO H OPERATION DAY YEAR 19	WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FIND NG CAUSE	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to couse (o), sit underlying countrying country or contributing (if either, notify more contributing cont	immediate of the use lost.  IGNIFICANT CO  RATION  UNDERLYING  CAUSE OF DEATI EDICAL EXAMINER)	DUE TO, OR  IC)  DUDITIONS CON  19b. CONDITI  21b. TIME OF HOUR A.M P.M  21e. PLACE O	AS A CONSEQUENTRIBUTING TO	DEATH BUT NO HOPERATION  DAY YEAR  19	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FIND NG CAUSE	INGS USED S OF DEATH?
CERTIFICAT	PART 2. OTHER S  10. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M  21d. INJURY OCC WHILE AT WORK N  220.1 certify tho	UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CHURED TO WHILE TO WORK  (1) (this hospite	DUE TO, OR  IC)  DINDITIONS CON  19b. CONDITI  21b. TIME OF HOUR A.M PLOCE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO	DEATH BUT NO H OPERATION DAY YEAR 19 , FARM, ETC.]	WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION STREET  19	200 AUTOPSY?  YES NO CONTROL NATURE OF INJU  CITY OR TO	20b. IF YES, IN CERTIFYI YES	WERE FIND NG CAUSE:  TI OR PART 2)  COUNTY	INGS USED S OF DEATH? NO STATE
CERTIFICAT	gove rise to couse (o), st underlying couse (o), st underlying country (o), country (o), country (o), and (o),	UNDERLYING COLOR C	DUE TO, OR  IC)  DINDITIONS CON  19b. CONDITI  21b. TIME OF HOUR A.M PLOCE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO	DEATH BUT NO H OPERATION DAY YEAR 19 FARM, ETC.]	WAS PERFORMED  21c. HOW INJURY OCCUR  21t. LOCATION STREET  thot, in (my) (our) opinion	200 AUTOPSY?  YES NO CONTROL NATURE OF INJU  CITY OR TO	20b. IF YES, IN CERTIFYI YES	WERE FIND NG CAUSE:  T 1 OR PART 2)  COUNTY  and from the	INGS USED S OF DEATH? NO STATE , that (I) (we) loe couses stated
CERTIFICAT	PART 2. OTHER S  14. DATE OF CHI  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M AT WORK  220.1 certify the sow the deciber.	UNDERLYING CAUSE OF DEATH COLOR TOWNS TO TWO THE COLOR TOWN TO TWO TWO TWO TWO TWO TWO TWO TWO TWO	DUE TO, OR  IC)  DINDITIONS CON  196. CONDITI  216. TIME OF HOUR A.M P.M  216. PLACE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO	DEATH BUT NO  DEATH BUT NO  H OPERATION  DAY YEAR  19  FARM, ETC.]	WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION STREET  19  21. thot in (my) (our) opinion  GREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO CONTROL NATURE OF INJU  CITY OR TO	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18, PAR	WERE FIND NG CAUSE:  T 1 OR PART 2)  COUNTY  and from the	INGS USED S OF DEATH? NO STATE
CERTIFICAT	gove rise to couse (o), st underlying couse (o), st underlying country (o), country (o), country (o), and (o),	UNDERLYING CAUSE OF DEATH COLOR TOWNS TO TWO THE COLOR TOWN TO TWO TWO TWO TWO TWO TWO TWO TWO TWO	DUE TO, OR  IC)  DINDITIONS CON  196. CONDITI  216. TIME OF HOUR A.M P.M  216. PLACE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO	DEATH BUT NO  DEATH BUT NO  H OPERATION  DAY YEAR  19  FARM, ETC.]	WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION STREET  19  21. thot, in (my) (our) opinion  GREE  ATTENDING	200 AUTOPSY?  YES NO CONTROL NATURE OF INJU  CITY OR TO  death occurred on the d	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18, PAR	WERE FIND NG CAUSE:  T 1 OR PART 2)  COUNTY  and from the	INGS USED S OF DEATH? NO STATE , that (I) (we) loe couses stated

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09247

	0	
1	13	R
1	n	T)
	-	4
		Poge

FOR - STATE

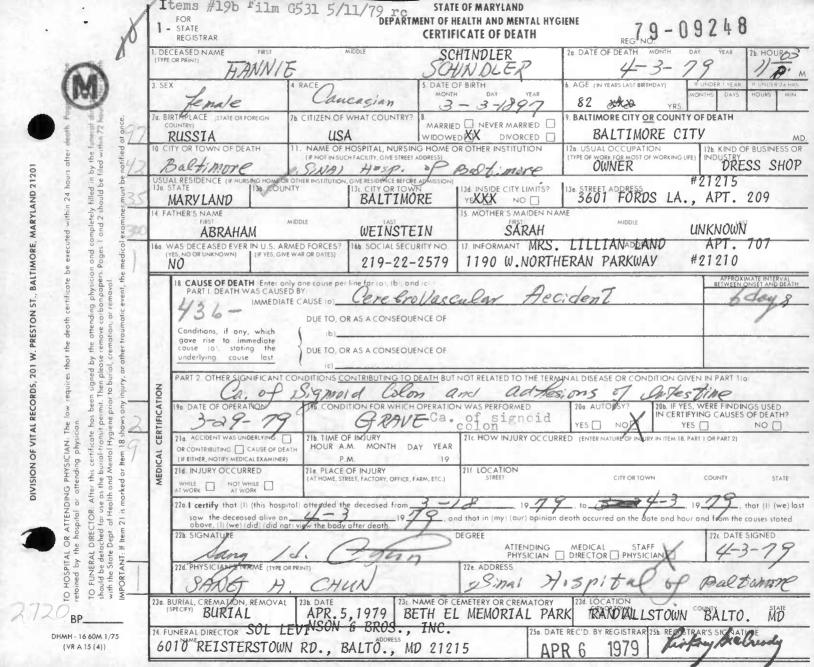
O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directivity hould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 haurs all with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WPORTANT: If them 2) is marked or them 18 shows any injury, or other traumatic event, the medical examine; must be notified at once.

toined by the hospital or

	ř	L.	(hear	N)	>	-	
1		BP.		_		_	
DH	мн	- 16	60	M 1	/7.	5	
	(V	R A	15 (	4))			

	REGISTRAR			IFICATE OF DEATH	REG T	10.		
	ECEASED NAME FIRST	^	MIDDLE	LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYI	PE OR PRINT)  WILL	CAM G	erard so	HENNING	April 22,	1979		9:40P N
3. S	EX	4 RACE		E OF BIRTH NTH DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS MIN
	Male	White		ober 28, 1914	64	YRS	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
A .	Maryland	U. S.	A. WIDO	WED DIVORCED		nore C	ity	M
10.0	CITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOM TH FACILITY, GIVE STREET ADDRESS) Land General		120 USUAL OCCUPA (TYPE OF WORK FOR MOST Salesman			
130	UAL RESIDENCE (IF NURSING HOME C STATE 13b. COU aryland	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION BALTIMORE	13d INSIDE CITY LIMITS? YES NO [	13. STREET ADDRESS 5411 Plai	nfield	d Ave. 2	21206
14 F	FATHER'S NAME FIRST	WIDDLE	LAST	IS MOTHER'S MAIDEN NA FIRST  Catheri	WIDDLE		For	ulstich
	August WAS DECEASED EVER IN U.S. A		Schenning		ADD	RESS	rat	TRACTOR
		VE WAR OR DATES	212-09-5666	Mildred L. S	Schenning-54	411 Pl	ainfiel	d Ave.
	Conditions, if ony, which	DUE TO, OF	R AS A CONSEQUENCE OF <b>Congestive</b> H	eart Failure	Du Imananu I	rdom a		
TIFICATION	gove rise to immediate cause 101, stoting the underlying cause lost  PART 2. OTHER SIGNIFICANT	CONDITIONS CO	Renal Failur RAS A CONSECUTIVE Sepitic Shoc ONTRIBUTING TO DEATH B	e k, Status Post UT NOT RELATED TO THE TERM condary Adhesi	Carcinoma AINAL DISEASE OR COI	Bladd NDITION GIV 20b. IF YE IN CERTI		NGS USED
DICAL CERTIFICATION	gove rise to immediate cause 10), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  Partial Intes  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISTRIBUTING INTERPREDICAL EXAMINE	CONDITIONS CC Stinal Ob 19b CONDI 19b CONDI 19b CONDI HOUR A.I.	REPAINSE SERVICES  SEPTIC SHOC  DITTIBUTING TO DEATH B  STRUCTION SE  ITION FOR WHICH OPERAT  OF INJURY  M. MONTH DAY YEA  M. 11	E  K. Status Post  UT NOT RELATED TO THE TERM  CONDARY Adhesi ION WAS PERFORMED  216. HOW INJURY OCCUR  R  P	Carcinoma  MINAL DISEASE OR COI  ONS  200 AUTOPSY?  YES [] NO [X]	Bladd NDITION GIV 20b. IF YE IN CERTI	S, WERE FINDI IFYING CAUSES	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause 101, stafing the underlying cause lost  PART 2. OTHER SIGNIFICANT  Partial Intes  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (IF EITHER, NOTIFY MEDICAL EXAMINE)  216. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	CONDITIONS CC  Stinal Ob  196 CONDI  196 CONDI  ALIH  P.  216. PLACE G (AT HOME, STR	Sepitic Shoc  Sepitic Shoc  DITRIBUTING TO DEATH B  DESTRUCTION SE  IT ION FOR WHICH OPERAT  OF INJURY  M. MONTH DAY YEA  M. IT  OF INJURY  REET, FACTORY, OFFICE, FARM, ETC.)	e  k, Status Post  UT NOT RELATED TO THE TERM  CONDARY Adhesi ION WAS PERFORMED  216. HOW INJURY OCCUR  RR  216. LOCATION  STREET	Carcinoma  MINAL DISEASE OR COI  ONS  200 AUTOPSY?  YES [] NO [X]	Bladd NDITION GIV 20b. IF YE IN CERTI YI URY IN ITEM 18.	S, WERE FINDI IFYING CAUSES	NGS USED S OF DEATH?
	gove rise to immediate cause 101, stofting the underlying cause lost  PART 2. OTHER SIGNIFICANT  Partial Intes  198. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINED  21d. INJURY OCCURRED  WHILE AT WORK  22a.1 certify that X1 (this hass sow the deceased alive o above X1 (we) (did) (dx)	CONDITIONS CONTINUES TO SEATH A P.J. 216. PLACE (AT HOME, STR.) 216. PLACE	Sepitic Shoc Sepitic Shoc DITRIBUTING TO DEATH B DISTRUCTION SE DITION FOR WHICH OPERAT  OF INJURY M. MONTH DAY YEA M. 11 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)  The deceosed from The second second from The second second from The second seco	R. Status Post UT NOT RELATED TO THE TERM CONDATY Adhesi ION WAS PERFORMED  21c. HOW INJURY OCCUR R 21f. LOCATION STREET  1 5 19 79 ond that in (My) (our) opinion	CARCINOMA  AINAL DISEASE OR COI  ONS  206 AUTOPSY?  YES [] NO [X]  RED (ENTER NATURE OF INJ  CITY OR TO	Bladd  20b. IF YE IN CERTI YI  URY IN ITEM 18.	S, WERE FIND IFYING CAUSE: ES PART 1 OR PART 2)  COUNTY  19 79  ur ond from the	NGS USED S OF DEATH? NO  STATE  thot XII (we) lase couses stoted
	gove rise to immediate cause 101, stafing the underlying cause lost  PART 2. OTHER SIGNIFICANT  Partial Intes  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DITTER OF CAUSE OF DITTER OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSE OF DITTER OF CONTRIBUTING OR CONTRIBUTION OR CONTRI	CONDITIONS CONTINUES TO SEATH A P.J. 216. PLACE (AT HOME, STR.) 216. PLACE	Sepitic Shoc Sepitic Shoc DITRIBUTING TO DEATH B DISTRUCTION SE DITION FOR WHICH OPERAT  OF INJURY M. MONTH DAY YEA M. 11 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)  The deceosed from The second second from The second second from The second seco	R. Status Post.  UT NOT RELATED TO THE TERM  CONDARY Adhesi ION WAS PERFORMED  216. HOW INJURY OCCUR 216. LOCATION STREET  2 19 79 ond that in (Ky) (our) opinion  DEGREE  ATTENDING	CARCINOMA  AIN AL DISEASE OR COI  ONS  200 AUTOPSY?  YES [] NO [X]  RED (ENTER NATURE OF INJ  CITY OR TO  deoth occurred on the of	Bladd  20b. IF YE IN CERTI YI  URY IN ITEM 18.  DWN  22	S, WERE FINDI FYING CAUSE: ES PART 1 OR PART 2)  COUNTY  19 22c. DATE	NGS USED S OF DEATH? NO  STATE
MEDICAL	gove rise to immediate cause 101, stofting the underlying cause lost  PART 2. OTHER SIGNIFICANT  Partial Intes  198. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINED  21d. INJURY OCCURRED  WHILE AT WORK  22a.1 certify that X1 (this hass sow the deceased alive o above X1 (we) (did) (dx)	CONDITIONS CC Stinal Ob  19b CONDI  19b CONDI  21b. TIME O HOUR A.I  21c. PLACE ((AT HOME, STR  April  View the body  OR PRINT)  Casad M. D	REPAINSEOURIE PROPERTY SEPTIME TO DEATH BE STRUCTION SE STRUCTION FOR WHICH OPERATE AND MAN THE SET OF INJURY REEL, FACTORY, OFFICE, FARM, ETC.)  The deceosed from 22 office death, 19 office death, 23c. NAME OF INJURY REEL, FACTORY, OFFICE, FARM, ETC.)	E  K, Status Post UT NOT RELATED TO THE TERM CONDATY Adhesi ION WAS PERFORMED  216. HOW INJURY OCCUR R P 216. LOCATION STREET  1 5 19 79 ond that in (My) (our) opinion DEGREE	Carcinoma  AIN AL DISEASE OR COI  ONS  200 AUTOPSY?  YES [] NO [X]  RED (ENTER NATURE OF INJ  CITY OR TO  deoth occurred on the of the object of the occurred on the object of the occurred on the object of the obj	206. IF YE IN CERTI YI URY IN ITEM 18.  OWN  22  dote and had	S, WERE FIND IFYING CAUSE: ES  PART 1 OR PART 2)  COUNTY  19 79 ur ond from the 22c. DATE 4-2:  COUNTY	NGS USED S OF DEATH? NO STATE  thot XII (we) la: e couses stated

SCHEWING AREAL 22, 1979 til esculius Indicate Margiand Concern Complete Connastive Heart Faligre, Coleonare Edera Annel Pailure Partiel Intentinal Obstruction Secondary Macalons



## WE OF PERSON DIETTA VIRGINIA 4 RACE 5 DATE OF BIRTH MONTH VEAR FEMALE WHITE NOV. 16. 1924 20. BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED XXX DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION STO INSTAGNES HOSP'I TAL BALTIMORE HOMEMAKER USUAL RESIDENCE, LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13L COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE ARBITTIS YES [ NO XX MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST UNKNOWN WILSON UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I YES, NO OR UNKNOWNI 219-20-7812 WATIL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY EREBRAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DIVISION OF VITAL RECORDS, CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? ă 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN | MPORTANT dd be c SICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 900 23s BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE | SPECIFY

4/17/79

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

MIDOLE

STATE

REGISTRAR

BURIAL

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78 DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MEADOWRIDGE MEM. PK.

ADDRESS BALTO. MD. 2122 9250. DATE REC'D. BY REGISTRAR 256. RE

REG. NO 2s. DATE OF DEATH MONTH 26 HOUR & AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 12s USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 5514 HEATHERWOOD ROAD 21227 MIDDLE LAST 21227 5514 HEATHERWOOD RD 206 IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ CITY OF TOWN COUNTY STATE and that in (my) (our) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED CATON AVE. BALTIMORE, MD. 21229 CITY OR TOWN COUNTY MARYLAND

HOWARD CO. .

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH DECEASED NAME 620 TYPE OR PRINT Charles hmit 3 SEX AGE UN YEARS LAST BIRTHDAY IF UNDER 24 HRS MONTH White BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED BALT IMOKE MARYLAND 1251 CITY DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE)
Linoleum Layer (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Mercy Hospital Baltimore BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130. STATE 1130 COUNTY 1130 CITY OR TOWN Balt. Md. 21236 13e. STREET ADDRESS Perry Hall Maryland Baltimore 9 Harebell Court # FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE KROUSE LILLIAN SCHMIT Balt. Md. 21236 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-16-6159 Dorothy M. Schmitt 9 Harebell Court Yes WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line forgat, (b), and ic PART I. DEATH WAS CAUSED BY espiratory Arrest PRESTON ST., IMMEDIATE CAUSE IO Hastatic Carcinopal of the prostate Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 2 ony 191 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO IT YES [ 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 20 220.1 certify that (1) (this hospital) attended the deceased from March sow the deceased alive on April ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS should b MERCY 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE Cremation Green Mount Cemetery Baltimore. Maryland 256 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Baltimore, Maryland Leonard J. Ruck, Inc.

0-17-0 Signal of the continued to the continued Leannes in man, but the ten and the ten

25.51

E 172 models

S.I., . 15g. egg-Val. Haraka Man

REAL STATE OF THE SECOND S

Exercises and the land of the control of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-R. 3019 79 Nancy Schoss IF LINDER 1 YR 2d. HOUR 9:42A 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS. DATE YEAR LAST BIRTHDAY) PRONOUNCED 48 DEAD Apr. 8, 1931 30 19 79 Female White Ta. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Ohio U.S.A. DIVORCED Baltimore City, WIDOWED 129 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Corp. Training BG&E Baltimore City Mercy Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt. Md. 21234 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 13a STATE Baltimore 9226 Orbitan Road Maryland Carney NO X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST AA IDID1 E LAST Alyce McGonigal Glenn Roberts Marv 17. INFORMANT Husband: MAS DECEASED EVER IN U.S. ARMED FORCES IAL SOCIAL SECURITY NO Balt.Md. 21234 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-24-8448 9226 Orbitan Road DIVISIO Oscar Schoss No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF JO BURIAL. YES X 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STORET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 27a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL 4/30/79 TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, '
BALTIMORE, MA Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Baltimore, Md. TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b, DATE STATE May 2 1979 Burial Glen Haven Memorial Glen Burnie BP 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAM **DHMH-17** (VR A15 ME (5)) Leonard J. Ruck, Inc. Baltimore, Maryland 15M 7/76

19-0925 to Will and treet, trooper father to the father than the

STATE	OF	MARY	LAND
-------	----	------	------

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09257

1979

APR

	CEACED MANE COST	A	AIDOLE,	LAST	2a DATE OF DEATH MC	NTH DAY	YEAR	1110110
	CEASED NAME FIRST	TAITA AAI	/ A /					B HOUR
,,,,,	BE	NJAMI	R.	SCOTT	April	16,	1979	5:10
3 SEX	Х	4. RACE		5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHO		R 1 YEAR	IF UNDER 2
	Male	Black		11 15 1895 YEAR	83	YRS	DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	9 BALTIMORE CITY OR		ATH	
	Jash., D. C.	U.S.	Α.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	ity		
	ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		KINDOF	BUSINES
	Baltimore	Mary 1	n FACILITY, GIVE STREET AD and Genera	al Hospital	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INL	DUSTRY	
USU/	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFORE A		13e STREET ADDRESS			
130 3		UNIT	Balto.	YES NO D	635 N. Pac	a St		
14 FA	ATHER'S NAME			15 MOTHER'S MAIDEN N	AME	a DL.		
	FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAS1	
16a V	Robert Scott WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURI		ACOLL			
()	YES, NO OR UNKNOWN) (IF YES, G	EIVE WAR OR DATES)	220 20 20	0.1	- C45 227E	Omar: 4-		
	yes WWT		213 18 169		e Scott 2215	Urem AV	APPROXIM BETWEEN ON	ATE INTERV
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	CED BY -	4	IC I			BETWEEN ON	ISET AND D
	/IMMEDI	ATE CAUSE (0)	epsis					-
-	1854	DUE TO O	R AS A CONSEQUEN	ICE OF				
	1857	DUE TO, O	R AS A CONSEQUEN	NCE OF - <b>Legs, bilateral</b>	lu			
	Conditions, if ony, which	DUE TO, OI	R AS A CONSEQUEN Gangrene -	- Legs, bilateral	.1y			
	gove rise to immediate couse (a), stating the	(b)	R AS A CONSEQUEN  Gangrene -  R AS A CONSEQUEN	- Legs, bilateral	1y			
	gove rise to immediate	(b)	Gangrene -	- Legs, bilateral	<i>1y</i>			
	gove rise to immediate couse (a), stating the underlying couse last	(b)	Gangrene -	- Legs, bilateral		TON GIVEN IN	PART 10	
NO	gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICAN	DUE TO, OI	Gangrene - R AS A CONSEQUEN  DINTRIBUTING TO DE	- Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT		PART No	
ATION	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN  Acute Renal F	DUE TO, OIL  T CONDITIONS CO	Gangrene - R AS A CONSEQUEN  DINTRIBUTING TO DE  Congestive	- Legs, bilateral ACE OF  EATH BUT NOT RELATED TO THE TER BE Heart Failure,	MINAL DISEASE OR CONDITE  Hypoalbuminem  120a. AUTOPSY?  12	ia Ob. IF YES, WER	E FINDING	
IFICATION	gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN Acute Renal F	DUE TO, OI  T CONDITIONS CC  Tailure,  The CONDITIONS	Gangrene -  R AS A CONSEQUEN  DISTRIBUTING TO DE  Congestive  TION FOR WHICH O  Knee Amput	- Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  E Heart Failure,  OPERATION WAS PERFORMED  tation, Left Leg	MINAL DISEASE OR CONDIT Hypoalbuminem  20a AUTOPSY? 2	DE IF YES, WER	E FINDING	F DEATH
RTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  Acute Renal F  19a DAYEOF PERATION  4/14/79	DUE TO, OI  T CONDITIONS CC  Tailure,  The CONDITIONS	Gangrene -  R AS A CONSEQUEN  DISTRIBUTING TO DE  Congestive  TION FOR WHICH O  Knee Amput	- Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  E Heart Failure,  OPERATION WAS PERFORMED  tation, Left Leg	MINAL DISEASE OR CONDIT Hypoalbuminem  20a AUTOPSY? 2	DE IF YES, WER	E FINDING	
CERTIFICATION	gove rise to immediate couse to; stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  Acute Renal F  19a 2460 PERATION  4/14/79  21a, ACCIDENT WAS UNDERLYING	DUE TO, OI  T CONDITIONS CC  Tailure,  Above  Above	R AS A CONSEQUEN  Congestive Tion for which of the Ampurations  Knee Ampurations  Knee Ampurations	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  Heart Failure,  PERATION WAS PERFORMED  TACTION, Left Leg  Utation, Right Leg  Utation Pick Leg  Utation Column Column  11 How Manuary Column  12 How Manuary Column  13 How Manuary Column  14 How Manuary Column  15 How Manuary Column  16 How Manuary Column  17 How Manuary Column  18 Ho	MINAL DISEASE OR CONDITION  Hypoalbuminem  20a AUTOPSY? 2	DE IF YES, WER	E FINDING	F DEATH
	gove rise to immediate couse ion, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  Acute Renal F  19a DATE OF DEFRATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CO.  T CONDITIONS	R AS A CONSEQUEN  CONGESTIVE TION FOR WHICH O  Knee Ampur	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  Heart Failure,  PERATION WAS PERFORMED  TACTION, Left Leg  Utation, Right Leg  Utation Pick Leg  Utation Column Column  11 How My URY OCCU	MINAL DISEASE OR CONDITION  Hypoalbuminem  20a AUTOPSY? 2	DE IF YES, WER	E FINDING	F DEATH
	gove rise to immediate couse to; stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  Acute Renal F  19a 2460 PERATION  4/14/79  21a, ACCIDENT WAS UNDERLYING	T CONDITIONS CC  Tailure,  Topore  The Time On Hour Above  The Time On Hour Air Ferrer  The Place of P	Gangrene  R AS A CONSEQUEN  CONTRIBUTING TO DE  CONGESTIVE  TION FOR WHICH O  Knee Amput  Knee Amput  Knee Amput  Knee Amput  M. MONTH DAY  M. OF INJURY	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  Heart Failure,  PERATION WAS PERFORMED  ACTUAL TO BE TO	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NOTE  RRED (ENTER NATURE OF INJURY II	DILLA DID. IF YES, WER N CERTIFYING YES UNITEM 18, PART I OR	E FINDING CAUSES C	NO [
MEDICAL CERTIFICATION	gove rise to immediate couse ios, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN Acute Renal F  19a 2460 PERATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE	T CONDITIONS CC  Tailure,  Topore  The Time On Hour Above  The Time On Hour Air Ferrer  The Place of P	R AS A CONSEQUEN  Congestive TION FOR WHICH O Knee Amput Knee Ampu	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  Heart Failure,  PERATION WAS PERFORMED  ACTUAL TO BE TO	MINAL DISEASE OR CONDITION  Hypoalbuminem  20a AUTOPSY? 2	DILLA DID. IF YES, WER N CERTIFYING YES UNITEM 18, PART I OR	E FINDING	F DEATH
	gove rise to immediate couse ios, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN Acute Renal F  19a A 60 PERATION  4/14/79  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ICITE (IF ETHER, NOTIFY MEDICAL EXAMINATION OR CONTRIBUTING OR CONTRIBUTING AT WORK AT WORK	T CONDITIONS CC  T CONDITIONS CC  T CONDITIONS CC  T Above  Above	Gangrene  R AS A CONSEQUEN  CONTRIBUTING TO DE  CONGESTIVE  TION FOR WHICH O  Knee Ampui  FINJURY  M. MONTH DAY  M.  OF INJURY  REET, FACTORY, OFFICE, FAR	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  Heart Failure,  DERATION WAS PERFORMED  TATION WAS PERFORMED  LEG  UTATION PICKET  19  216 HOW INJURY OCCU	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NOTE  RRED (ENTER NATURE OF INJURY III	DI A  Ob. IF YES, WER  N CERTIFYING  YES   N ITEM 18, PART I OR	E FINDING CAUSES C	NO [
	gove rise to immediate couse ios, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN Acute Renal F  19a 2460 PERATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE	T CONDITIONS CC  T CONDITIONS CC  T ailure,  Lob CONDITIONS  T ib TIME O HOUR A.  P.  21e. PLACE ( (AT HOME, STR	Gangrene  R AS A CONSEQUEN  CONGESTIVE  TION FOR WHICH O  KNEE AMPUT  KNEE AMP	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  HEART Failure,  PERATION WAS PERFORMED  TATION, Left Leg  Utation Right Le  (YEAR  19  211 LOCATION  STREET  MARCH 21  79	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NOTE  RRED (ENTER NATURE OF INJURY III  CITY OR TOWN	DIA  OB. IF YES, WER  N CERTIFYING  YES   NITEM 18, PART I OR	E FINDING CAUSES C	STA
	gove rise to immediate couse 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN Acute Renal F  19a DATE OF DEFERATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTWHILE AT WORK 222. I certify tho XX (this hoses we also show the decease of olive	DUE TO, OI  T CONDITIONS CO  T CONDITION	R AS A CONSEQUEN  CONGESTIVE  TION FOR WHICH O  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE FACTORY, OFFICE, FAR  THE deceased from 1  16	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  HEART Failure,  PERATION WAS PERFORMED  TATION, Left Leg  Utation Right Le  (YEAR  19  211 LOCATION  STREET  MARCH 21  79	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NOTE  RRED (ENTER NATURE OF INJURY III  CITY OR TOWN	DIA  OB. IF YES, WER  N CERTIFYING  YES   NITEM 18, PART I OR	E FINDING CAUSES C	STA
	gove rise to immediate couse ioi, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN Acute Renal F  19a DATE OF OBERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK South to south the decease of olive obove Market List of U.S.	DUE TO, OI  T CONDITIONS CO  T CONDITION	R AS A CONSEQUEN  CONGESTIVE  TION FOR WHICH O  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE FACTORY, OFFICE, FAR  THE deceased from 1  16	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  Heart Failure, PERALION WAS PERFORMED  LEGT Leg  Utation, Left Leg  Utation Right Le  ( YEAR  19  211 LOCATION  STREET  MARCH 21  9 and that in law (our) opinio	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NOTE  RRED (ENTER NATURE OF INJURY III	106. IF YES, WER N CERTIFYING YES CO	E FINDING CAUSES CONTRACT 2)  PART 2)  UNITY  1 on the contract the co	STA
	gove rise to immediate couse 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN Acute Renal F  19a DATE OF DEFERATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTWHILE AT WORK 222. I certify tho XX (this hoses we also show the decease of olive	DUE TO, OI  T CONDITIONS CO  T CONDITION	R AS A CONSEQUEN  CONGESTIVE  TION FOR WHICH O  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE FACTORY, OFFICE, FAR  THE deceased from 1  16	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  E Heart Failure,  PERATION WAS PERFORMED  ATT TO BE TO B	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NON  VES NON  CITY OR TOWN  TO APPEL 16	106. IF YES, WER N CERTIFYING YES CO	E FINDING CAUSES C	STA
	gove rise to immediate couse ioi, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN Acute Renal F  19a DATE OF OBERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK South to south the decease of olive obove Market List of U.S.	DUE TO, OI  T CONDITIONS CO  T CONDITION	R AS A CONSEQUEN  CONGESTIVE  TION FOR WHICH O  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE FACTORY, OFFICE, FAR  THE deceased from 1  16	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  E Heart Failure,  OPERATION WAS PERFORMED  TATION, Left Leg  Utation Picht Leg  (YEAR  19  216 HOW INJURY OCCU  (YEAR  19  216 LOCATION  STREET  ATTENDING	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NOTE  RRED (ENTER NATURE OF INJURY III  CITY OR TOWN	Ob. IF YES, WER N CERTIFYING YES  NITEM 18, PART LOR  COL Ond hour ond f	E FINDING CAUSES CONTRACT 2)  UNITY  9  , the from the co	STA  STA  STA  STA  STA  STA  STA  STA
	gove rise to immediate couse ioi, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN Acute Renal F  19a DATE OF OBERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK South to south the decease of olive obove Market List of U.S.	T CONDITIONS CO T CONDITIONS C	R AS A CONSEQUEN  CONGESTIVE  TION FOR WHICH O  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE FACTORY, OFFICE, FAR  THE deceased from 1  16	Legs, bilateral  ACE OF  EATH BUT NOT RELATED TO THE TER  E Heart Failure,  OPERATION WAS PERFORMED  TATION, Left Leg  Utation Picht Leg  (YEAR  19  216 HOW INJURY OCCU  (YEAR  19  216 LOCATION  STREET  ATTENDING	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES NOW  CITY OR TOWN  10 APTIL 16  n death accurred on the date	Ob. IF YES, WER N CERTIFYING YES  NITEM 18, PART LOR  COL Ond hour ond f	E FINDING CAUSES CONTRACT 2)  PART 2)  UNITY  1 on the contract the co	STA  STA  STA  STA  STA  STA  STA  STA
	gove rise to immediate couse ios, stating the underlying couse lost part 2 OTHER SIGNIFICAN Acute Renal F  19a DATE OF DEFRATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AUTOR ATWORK NOT WHILE ATWORK NOT WHILE ATWORK SOW the deceases olive obove 1 Move) (stid) (348)  22b. SIGNATURE	T CONDITIONS CO T CONDITIONS C	R AS A CONSEQUEN  CONGESTIVE  TION FOR WHICH O  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE AMPUT  KNEE FACTORY, OFFICE, FAR  THE deceased from 1  16	EATH BUT NOT RELATED TO THE TER  HEART Failure,  PERATION WAS PERFORMED  TATION WAS PERFORMED  TO STREET  PROJECT OF STREET  19  211 LOCATION  STREET  ATTENDING PHYSICIAN  22e. ADDRESS	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES   NOY  RRED (ENTER NATURE OF INJURY II  CITY OR TOWN  10 APP 11 16  n deoth accurred on the dote  MEDICAL STAFF DIRECTOR   PHYSICIA	OB. IF YES, WER N CERTIFYING YES ON ITEM 18, PART I OF ON THE NORTH OF	E FINDING CAUSES CONTRACT 2)  UNITY  9  , the from the co	STA  STA  STA  STA  STA  STA  STA  STA
MEDICAL	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  Acute Renal F  19a DAFOS PERATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING THE AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING THE AT WORK NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRI	DUE TO, OIL  T CONDITIONS CC  T CONDITIO	Gangrene  R AS A CONSEQUEN  CONTRIBUTING TO DE  CONGESTIVE TION FOR WHICH O  Knee Ampui  FINJURY M. MONTH DAY M. MONTH DAY M. GET, FACTORY, OFFICE, FAR  e deceosed from 1  16  ofter deoth	EATH BUT NOT RELATED TO THE TER  HEART Failure,  PERATION WAS PERFORMED  TATION, PERFORMED  OF THE PERFORMENT  19  216 HOW INJURY OCCUPANT  217 LOCATION  STREET  MARCH 21  ATTENDING PHYSICIAN  22e. ADDRESS  C/O MARYJAN	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES  NOY  RRED (ENTER NATURE OF INJURY II  CITY OR TOWN  10 APP 11 16  n deoth accurred on the dote  MEDICAL STAFF DIRECTOR PHYSICIA	OB. IF YES, WER N CERTIFYING YES ON ITEM 18, PART I OF ON THE NORTH OF	E FINDING CAUSES CONTRACT 2)  UNITY  9  , the from the co	STA  STA  STA  STA  STA  STA  STA  STA
WEDICAL MEDICAL	gove rise to immediate couse ios, stating the underlying couse lost part 2 OTHER SIGNIFICAN Acute Renal F  19a DATE OF DEFRATION  4/14/79  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AUTOR ATWORK NOT WHILE ATWORK NOT WHILE ATWORK SOW the deceases olive obove 1 Move) (stid) (348)  22b. SIGNATURE	DUE TO, OIL  T CONDITIONS CC  T CONDITIO	Gangrene R AS A CONSEQUEN  CONTRIBUTING TO DE  CONGESTIVE TION FOR WHICH O  Knee Ampui  FINJURY M. MONTH DAY M. MONTH DAY M. MOST FINJURY REET, FACTORY, OFFICE, FAR  e deceosed from 1  16 ofter deoth	EATH BUT NOT RELATED TO THE TER  HEART Failure,  PERATION WAS PERFORMED  TATION WAS PERFORMED  TO STREET  PROJECT OF STREET  19  211 LOCATION  STREET  ATTENDING PHYSICIAN  22e. ADDRESS	MINAL DISEASE OR CONDITE  Hypoalbuminem  20a AUTOPSY?  YES  NOY  RRED (ENTER NATURE OF INJURY II  CITY OR TOWN  10 APP 11 16  n deoth accurred on the dote  MEDICAL STAFF DIRECTOR PHYSICIA	OB IF YES, WER N CERTIFYING YES COIL OF COIL O	E FINDING CAUSES CONTRACT 2)  UNITY  9 , the from the contract 2c. DATE S  4/16,	STA  STA  OXX (W  DUSES STOIL

DHMH - 16 60M 1/75 (VR A 15 (4))

retained by the hospital or

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled within 7

should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

OR ATTENDING PHYSICIAN: The law

April 16, 1070 5:20

-al., r. C. \_H.S.A. \_ H.S.A. \_ Raitinorw City

. The state of the

2500/ sent 21002 77000

yes will 213 1691 Mrs. Vorgle Scott 2215 Crom Prenue

Cangrene - Leos, bilaberwillu

Acute Renal Fallure, Conquestive Heart Fallure, EurosiDendino La

4/6/79 Above Ence Amputation, Left Leg

72 April 16 79 April 16 79

training to anneal to after an af-

A project to the same of the s

laure W. Common & Sond 1777 Common Co.

1	1-	FOR STATE REGISTRAR	Film G531 5/23/ DEPAR MEDICAL		MENTAL HYGIENS	7 (	9-09258
KAR	1. DEC	CEASED NAME FIR	awrence	Scott	2	OF ESTI- DEATH MATED	4 18 19 79 AM
00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		male Blac	7 3/760	6. AGE (IN YEARS IF UNDER 1 MONTHS DAY	YS HOURS MIN. P	PRONOUNCED DEAD	4 18 <sub>19</sub> 79 9:25 F
S FORES	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARRIED WIDOWED	DIVORCED	Baltimore C  Baltimore C	ity MD.
DELAY IS N 3 TO THE FI N PAGE 5 N BE FILED, DS, 301 W	F	SA LO	11. NAME OF HOSPITAL, N 1821 Vine Sti		FOR M	OST OF WORKING LIFE)	OR INDUSTRY
RETAI RECOR	13a. S	Md 136. C		TY OR JOHN 13d. INS	NO 0 /82	et ADDRESS 21 VINE	STREET
ES 1,		THER'S NAME	MIDDLE SCO	H man	OTHER'S MAIDEN NAME FRIST	ADDRESS	LAST
OURS AFTER DE 8. GIVE PAGES WITH FORM T. PAGES 1 AN DIVISION OF		ES, NO, OR UNKNOWN) (IF YES	. GIVE WAR OR DATES)	5-58-4260 )	omes Wil	Vintos 1821	VINE ST LAPPROXIMATE INTERVAL
124 HOUI TEM 18. ALONG V PERMIT. GIENE, D		PART I DEATH WAS CA	er only one cause per line far (a), AUSED BY: EDIATE CAUSE (a) Malnu  ( DUE TO, OR AS A CO	trition			BETWEEN ONSET AND DEATH
UULD BE EXECUTED WITHIN 24 HOUWEDING" IN PENCIL IN ITEM 18, BENDING IN EXAMINER ALONG VER AS BEN AS A BURALTERNIT PERMIT. HEATH AND MENTAL HYGIENE, DERMATION, OR REMOVAL.		Canditians, if any, we gave rise to immediate cause (a) stating the ullying cause last.	diate / (b)	DNSEQUENCE OF			
ILD BE EXECT PENDING" IF F MEDICAL ED AS A BUR HEALTH AND REMATION,	NO	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO GEATH BUT NOT RI		OITION GIVEN IN PART 1 (a).		
	MEDICAL CERTIFICATION	19a DATE OF OPERATION		R WHICH OPERATION WAS PER	RFORMED?		20. AUTOPSY?  YES X NO
THE WITHEN THE WITHEN TO BUILD BUILD STO BUILD B	CAL CER	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M. MONT		JURY OCCURRED (ENTER N	EATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
WARDED TAGE 3 SH TATE DEPA	MEDI	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJUI STREET, FACTORY, FARM		N	CITY OR TOWN	COUNTY STATE
S S S		22a. I certify that I taak	charge of the remains described a			Inquiry , and in	my apinian
XWIII		ACTUAL SIGNATURE	Ingma Lada		rle (SPECIFY) sistantMEDI	CAL EXAMINER	DATE 4/19/79
TO MEDICAL E. EXECUTE THE C. FOR A SHOUN TO FUNERAL D. AFTER DEATH, V. BALTIMORE, MA			U irginia L. <b>Dola</b> r		:55	nn Street, Ba	1to.MD 21201
BP	6	URIAL, CREMATION, REMOVED BY THE PROPERTY OF T	A-Z3-79 236	MT. CALUARY	Cery 6%	CATION PURIOUS REGISTRAR THE POST	ANS COSTON
DHMH - 17 (VR A15 ME (5)) 15M 7/76	1.7	L' BROWN	450N 1913	W. BA16.5T		1979	all and

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14,00 REGISTRAR FIRST DECEASED NAME 2b. HOUR ESTI-(TYPE OR PRINT) SCOTT TERRY TYRONE DEATH MATED 6 AGE (IN YEARS | IF UNDER 1 YR. 24 HOUR 4:18 4. RACE DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 2 c. DATE LAST BIRTHDAY PRONOUNCED DEAD 20 YRS m of male negro 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Je. BIRTHPLACE (STATE OR 21 5 4 Baltimore City DIVORCED 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Provident Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13a, STATE 13h COUNTY KIBSALIND AVE 14 FATHER'S NAME 17. INFORMAN 16b. SOCIAL SECURITY NO. EUTT 2854 RUSDEIND AN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? EYES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY: Gunshet wound of chest (unspecified) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC CERTIFICATION 20. AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? OF BURIAL, YES X NO 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR 0 3:07P.M. 4-23-19 79 Subject shot. CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY street Liberty Md. Ralto 220. I certify that I took charge of the remains described above, held on Inspection Hamicide X Undetermined monner death resulted fram: TO MEDICAL EXAM
EXECUTE THE CERTIF
PAGE 4 SHOULD BE
TO FUNERAL DIREC
AFTER DEATH WITH
BALTIMORE, MARYLA TITLE (SPECIFY) ACTUAL 4-24-79 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. TYPE OR PRINT) STATE 25b. REGISTRAR'S SIGNATURE **DHMH-17** Tens Sow M Langes (38 h (VR A15 ME (5)) 15M 7/76

79-09259 March San Care Comment APRIL 1979 Augustus

.A. .....

21.37 21.37

Boltimore \_ x \_ 2362 Herlen Ave. \_ \_

79-09260

Liner A. Scott Floreic Anderson

217-70-2260 | Hilmer A. Soott 2562 Harken Ave.

Tortel 4/13/79 VG. B. E. L. Men. Pk. Leurel,

da. C. Errob E/R Ildi F. Korthave. washed Black

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 3 should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filed within 72 hobre, after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

certificate be executed within 24 hours after death. Page 4 mdy be

OR ATTENDING PHYSICIAN: The low requires that the death

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	CERTIFICATE OF DEATH	79-U9261 REG. NO.
1. DECEASED NAME FIRST (TYPE OR PRINT)	NMN Sezelskok	20. DATE OF DEATH MONTH OAY YEAR 26 HOUR 11.50
Female in	thite Spate of Brith 1897	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS OAYS HOURS 1
To BIRTHPLACE ISTATE OR FOREIGN TO CITE COUNTRY TO THE PROPERTY OF THE PROPERT	MARRIED NEVER MARRIED NOVER MARRIED	Baltimore City or County of Death
	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET ADDRESS).	TZE USUAL OCCUPATION 12b. KIND OF BUSINES.
USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 130. STATE	STITUTION, GIVE RESIDENCE BEFORE ADMILIADO 13d. INSIDE CITY LIMITS YES NO [	1604 Cherry Street
14. FATHER'S NAME FIRST LIKE CAPURE MIDDLE	Radilewicz 15. Mother's Malden	MIDOLE LAST
160. WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR (		18078 Greens Bud Lane 2106 X Mrs. Ida M. Tegler
4/D - DU	ETO, ORAS A CONSEQUENCE OF 1 1.	1. 1 4
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	E TO, OR AS A CONSEQUENCE OF  (C)	right lumisphum, Dialates yullit
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	eto, or as a consequence of  (c)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE  CON CONDITION FOR WHICH OPERATION WAS PERFORMED	erminal disease or condition given in part 1(a)  and the misquery District Willit  200 autopsy?  200 if yes, were findings used in certifying causes of death  yes \( \) NO \( \)
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT CONDIT.  19a DATE OF OPERATION 19b  21a, ACCIDENT WAS UNDERLYING 21b.	COYONARY WANT ASSAM WE  E TO, OR AS A CONSEQUENCE OF  (C)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO  CONDITION FOR WHICH OPERATION WAS PERFORMED  TIME OF INJURY DUR A.M. MONTH DAY YEAR  P.M. 19	erminal disease or condition given in part 1(0)  and it willing your District yould't  200 AUTOPSY?  201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT CONDIT.  19a DATE OF OPERATION 19b  21a. ACCIDENT WAS UNDERLYING 21b  OR CONTRIBUTING CAUSE OF DEATH  EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED 21e.	COYONARY WANT ASSAM WY  E TO, OR AS A CONSEQUENCE OF  (C)  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE  CONTRIBUTION TO CONSCIUNT ACCIONAL  CONDITION FOR WHICH OPERATION WAS PERFORMED  TIME OF INJURY DUR A.M. MONTH DAY YEAR	erminal disease or condition given in part 1(a)  and the misquery District Willit  200 autopsy?  200 if yes, were findings used in certifying causes of death  yes \( \) NO \( \)
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT CONDIT.  19a DATE OF OPERATION 19b  21a. ACCIDENT WAS UNDERLYING 21b  OR CONTRIBUTING CAUSE OF DEATH  HE GRIFF OF COURED (AT WORK AT WORK 22a. I certify that (1) (this haspital) atterates sow the deceased alive on above, (1) (we) did vide nat) view to 22b SIGNATURE	TIME OF INJURY  PLACE OF INJURY  AND THE INJURY  PLACE OF INJURY  AND THE INJURY  PLACE OF INJURY  AND THE INJURY  AND THE INJURY  PLACE OF INJURY  AND THE INJURY  AND	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  200 AUTOPSY?  201 IF YES, WERE FINDINGS USED  YES NOT YES NOT YES NOT DEATH  YES NOT YES NOT THEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STAT  CITY OR TOWN COUNTY STAT  19 1, that (1) (we ion death accurred an the date and hour and from the causes state  22c. DATE SIGNED  MEDICAL STAFF
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDIT.  19a DATE OF OPERATION 19b  21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED 21e. AT WORK AT WORK 1AT WORK  22a. I certify that (I) (this haspital) after some the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on above, (I) (we) did not) view the deceased alive on abo	TIME OF INJURY  PLACE OF INJURY  PLACE OF INJURY  PLACE OF INJURY  PLACE OF INJURY  POPURA M. MONTH DAY YEAR  P.M. 19  PLACE OF INJURY  HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  PLACE OF INJURY  HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  DEGREE  DEGREE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  200 AUTOPSY?  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED  YES NOT YES NOT PART 1 OR PART 2)  CITY OR TOWN  COUNTY  STAT  19 1, that (1) (we ion death accurred an the date and haur and from the causes state  22c. DATE SIGNED  MEDICAL STAFF

10.00-07

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-09262 - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME 20 DATE OF DEATH 25 HOUR (TYPE OR PRINT) 000 0 3 SEX & AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER DA HRS DATE OF BIRTH MONTH DAY YEAR DAYS Male Black 08-27-0.7 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED Blackstone U.S.A. Baltimore City WIDOWED DIVORCED [ IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Baltimore Provident Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Metal Maulder News Amer USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2329 N.Monroe Street NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE 9 Albert Seay Annie Greenhill ADDRES 12 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Maine Ave. LYES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) No 217-07-5098 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for 19 b, and is PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause to stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 0 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? be NOF YES [ NO F and Mental Hygi 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a L certify that (1) (this haspital) attended the deceased from sow the deceased alive on C and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (re) (did) (fid) not) view the body after death be detached to be State Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 4 MEDICAL ATTENDING STAFF PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 00 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY STATE Burial 4-24-79 Arbutus Mem. Park Baltimore County Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) APR 23 Nutter 3035 W North Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 09263 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OF PRINTI 3 SEX HOURS Aug. 10. 1956 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Balto., Md. IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) AGNES HOSPITAL BALTIMORE NONE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Baltimore Woodlawn 13d INSIDE CITY LIMITS? 1120 Dorchester Avenue Md. YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Christine Rolandus Haagedoor Charles Edward Seebo Jeanne In WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 214-90-6119 Charles E. Seebo-1120 Dorchester Ave 18 CAUSE OF DEATH Enter only one couse per line for to , tb, and PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate underlying cause OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (X(this haspital) attended the deceased from and that in (XXX aur) opinian death occurred on the date and have and from the couses stated saw the deceased alive above, Y (we) (did) No 226. SIGNATURE DEGREE 22c DATE SIGNED should be detach with the State De MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 900 S. CATON AVE-BALTIMORE. MD 21229 ANDREW 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore, commaryland Woodlawn Cemetery Burial APR 30 1979 Legistran 256 DE 15 HAR'S SENATORE 24 FUNERAL DIRECTOR Sterling Juneral Estate ADDRESS DHMH - 16 60M 1/75 (VR A 15 (4)) 736 Edmondson Ave.

Cotonwille Ald 21228

69800-34

AFTINOSE CITY

20, 205 all

SAINT AGNES MOSPITAL

entition and the second tent of the second tent and the second tent of the second tent of

and sold of the control of the control of the control of the

Salte., No. U.S. K.

DOWN S. CATTU WE-TALT WORE, OD 21229

the date of a control of a control of a control of the control of

6	1.	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE 7 O	-09264
- , \\D	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	-03204
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONT	- 15
		Julie	is	SEGALL	4-22	
(M)	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
	7a DI	ALE  RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	3 13 1900	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
# EX 000		DUNTRY)	U.S. A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	O S/s	BALTIMORE MD.
to pa	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 PSEALOT RUPATION	12b. KIND OF BUSINESS OR
on softer by the filed with inotified		Ballining	LEVINDALE GEN	. / . //.	(TYPE'OF WORK FOR MOST OF WOR	
212 d in b	USU. 13a. S	AL RESIDENCE (IF HURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	#21208
AND n 24 lilled hould hould		Md. E	BAlto BAlto	YES DE NXXXXX	130 3/Ad	E AVE. Apt, 311
withis within a 2 sl	14. F/	THÉR'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	UNKNOWN
comp comp	140.1	MAX VAS DECEASED EVER IN U.S. A	SEGALL  ARMED FORCES? 1166 SOCIAL SECU	JENNIE JENNIE	MARY SEGATES	UNKNOWN
es that the death certificate be executed within 24 hours ned by the attending physician and completely filled in by please remove corban papers. Pages 1 and 2 should be fill urial, cremation, or removal.			GIVE WAR OR DATES)		E., APT. #311	#21208
ALTIA le be licion licion the r			anly one couse per line for (a), (b, an	17801	3., 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B.		PART I. DEATH WAS CAU		ISTROMES MACE	nglobulin Emi	A
N SI		2733	DUE TO, OR AS A CONSEQUI			
affection of the control of the cont		Canditians, if any, which	(b)			
W. PR tot the by the se rem crema	10	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
s tho			(c)	DEATH BUT NOT RELATED TO THE TERM	ANIAL DISEASE OR CONDITION	ON CIVEN IN PART 1/2
sign sign hen g to bu	Z	PART 2. OTHER SIGNIFICAN		<del></del>	AINAL DISEASE OR COINDING	ON GIVEN IN PART ING
been mit. I	CATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		O. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
he ly	CERTIFICATION				YES NO	YES NO
PE VITA  THICOTE  THI		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)
SICIA ing pling pluming plumin	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19 21f. LOCATION		
PHY trendi r this the bu	MED	WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
DING or or o		AT WORK	spital) ottended the deceased from_	4-17 19 79	7 to 4/2	2 , 19 79 , that (1) (we) lost
TTEN ortol TOR: for us of He		saw the deceased alive		79 and that in (my) (aur) opinian	death accurred an the date o	nd hour and from the causes stated
DR ATTEN haspito IRECTOR hed for hept. of H		27h SIGNATURE	A CONTRACTOR OF THE BOOK OF TH	DEGREE		22c. DATE SIGNED
Y the XAL DI detach		HI /	my	ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR ₩ PHYSICIAN	D 24-22-79
O HOSPITAL  Co HOSPITAL  TO FUNERAL  should be dei  with the Stort		274 PHYSICIAN'S NAME (TYP	PE OR PRINT)	22e. ADDRESS	, 1	1
TO Horning Should with the Market	00	2101	400-W/10	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Ave.
BP	730.	BURIAL, CREMATION, REMOV SPECIFYBURIAL		HIZUK AMUNO (ARLIN		RE MARY LAND
DHMH - 16 50M 7/77	24. F	UNERAL DIRECTOR SOL	LEVINSON & BROS.		TE REC'D. BY REGISTRAR 256	
(VR A 15 (4))	60:	O REISTERSTOW	ADDRESS		23 1 1979	at all hard

7:336-07 Bull and a servery a some for them. There is placed a servery Mile Comment on the Comment of the C 214, 02, 340, 180 341, 187, 187 Walter Steam of market buttering

STATE OF MARYLAND 79-09265 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) MARY SELINSKI Kida 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) Aug. 31, 1895 White 83 Female To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Poland Baltimore City. Poland WIDOWED TO 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Provident Hospital Baltimore Charwoman- Union Trust MSUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION. Co. 13b COUNTY 13e STREET ADDRESS Md. Baltimore 122 S. Regester St. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kida Unknown 17 INFORMANTRt 1- 1510 ADDRESS Denton Rd --166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-14-3782Mrs. Frances M. Hershman -Balto.Md. 18 CAUSE OF DEATH (Enter only one cause per line for (p.) (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOP 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 71e PLACE OF INTURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated saw the deceased alive an. abave, (1) (we) (did) (did-not) view the bady after death 22b. SIGNATURE DEGREE 4-26-70 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 22d PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Baltimore, Maryland (SPECIFY) Burial 4/30/79 Oak Lawn Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN TURG 24 FUNERAL DIRECTOR John 34. Moran, Una DHMH - 16 60M 1/75 3000 E. Baltimore St. (VR A 15 (4))

Visal Humans dill 21/2/4

79-09265 MARKY STAR THSERINGE! - certify 1895 as School majarraments to Select to the Verify tender of The first state of the course of the contract of Three grant are the general seasons and the process and and the same of the same

				SIMARYLAND		
1	1-	FOR STATE		NT OF HEALTH AND MENTAL HY AMINER'S CERTIFICATE OF	GIENE 7.9	09266
ME W		REGISTRAR CEASED NAME FIRST	MIDDLE	AMINER 3 CERTIFICATE OF	TEGUNO	MONTH DAY YEAR 25 HOUR
		E OR PRINT) Mary	S,	Service	OF ESTI- DEATH MATED	
	3 SE)	male White	5. DATE OF BIRTH MONTH DAY 1905	GE (IN YEARS IF UNDER 1 YR. IF UNDER 2 AST BIRTHDAY) MONTHS DAYS HOURS 3 YRS.	4 HRS. 2c. DATE MIN. PRONOUNCED DEAD	4 26 1979 7:32 PM
35		RTHPLACE (STATE OR REIGN COUNTY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIE WIDOWED DIVORCEI	-	OR COUNTY OF DEATH
20	10. C1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE	E OF WORK 17b KIND OF BUSINESS OR INDUSTRY
1		Baltimore	University  OR OTHER INSTITUTION. GIVE RESIDENCE BEFO		HOUSEWIF	E
3	13a. S		TY 13c. CITY OR		3 TANGLE	WOOD RD.
1	14. F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	11/2/7
4	16a. V	ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	
		No	1214-6	1-7301   GOKDON	A. SERVICE	
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	ly one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a) MUICIPLE	e injuries with comp	lications	
	>	8121	DUE TO, OR AS A CONSEC	DUENCE OF		10 The 17 May
	0	Conditions, if ony, which gave rise to immediate	(b)			
		couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEC	UENCE OF		
		lying coose lost.	(c)			
	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
_	CERTIFICATION	19a, DATE OF OPERATION	LINE CONDITION FOR WHI	CH OPERATION WAS PERFORMED?		20. AUTOPSY?
7	10	THE DATE OF GLERATION	THE CONDITION TO K WITH	CITOTERATION WASTER ORNED.		
_	Ē	71a EXTERNAL CAUSE WAS	21h TIME OF INJURY	121, HOW INTERVOCATIONED	(ENTER NATURE OF INJURY IN ITEM 18	YES NO X
1		LINIDERIVING TOR	216. TIME OF INJURY HOUR AND MONTH DA	Y YEAR		
1	MEDICAL	CONTRIBUTING CAUSE OF I	DEATH 4:20 P.M. 4 24	1979 Passenger of	van/auto impac	t
	MED	WHILE ON NOT WHILE OF	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1		WHILE NOT WHILE AT WORK	x street	Rt. 40 & Johnn	y Cake. Rd.	Baltimore Md.
-			pe of the remains described above, I	eld on Autopsy . Inspection	X, Inquiry , on	nd in my opinion
2		death resulted from	Olcovies D. A. S	Famicide .	Undetermined manner .	
)		///	1 1719	TITLE (SPECIFY)		
		ACTUAL SIGNATURE	DWARN /U	MD Deputy Ch	ief MEDICAL EXAMINER	DATE 4/27/79
1		700				310.1420
7		EXAMINER'S NAME Thom	as D. Smith, M.I	ADDRESS	111 Penn	Street
-	23o.B	URIAL, CREMATION, REMOVAL	73b. DATE	TVIEW WEM PARK	23d LOCATION	
	1	REMATION	4-27-79 0000	000000000000000000000000000000000000000	BALTO.	BALTO MD.
	24. 6	OF STREET DIRECTION		25a. DATE RI	C'D. BY REGISTRAR 25b. RE	ISTRAR'S SICINATURE
		PAPLEK	1601 TREDE	eick AllE MAY	3 1979 /	fry / house

79-09267

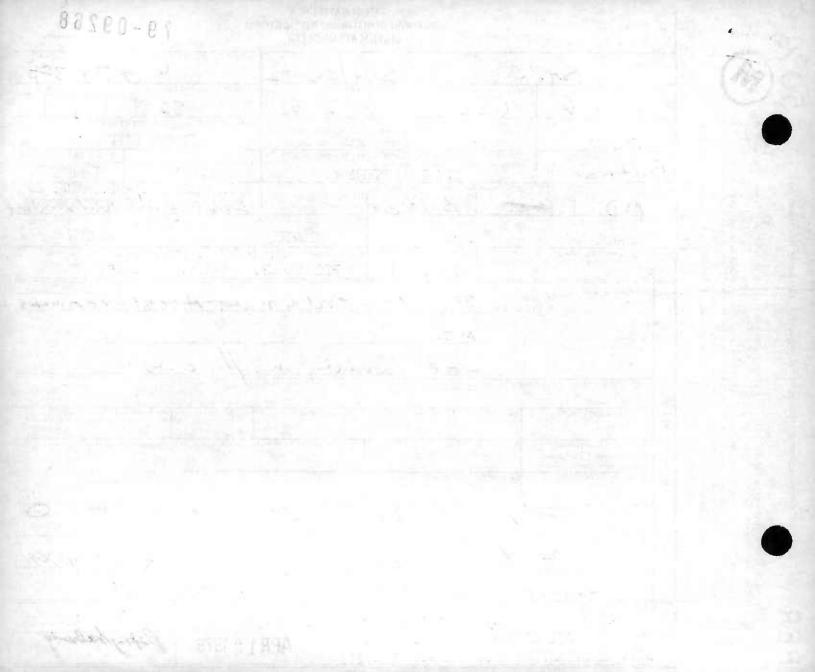
. The largest in to manage the contract of the second seco 

in ging at . I styling at the stylin

to the party to the contract of the party of the party of the

min the rest hards I'm, I min Called I

FOR



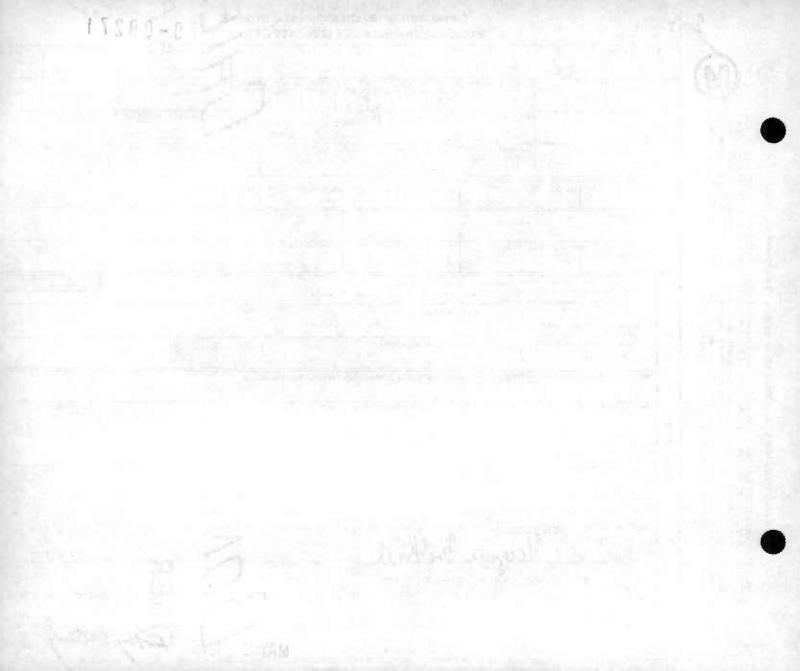
15M 7/76

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09268 u. 3 21. Baltimore has bloom as all 530 M. Shroner St. descript Pauline Landing December 1991 Yes 1/43-12/44 220-13-2250 Penni Jackson 425 H. II. 10.0. William and American and The Company of the Company the state of the s No. o. March 7/H 1101 H. Norch Ave. APR 27 1319 Juny Sedient

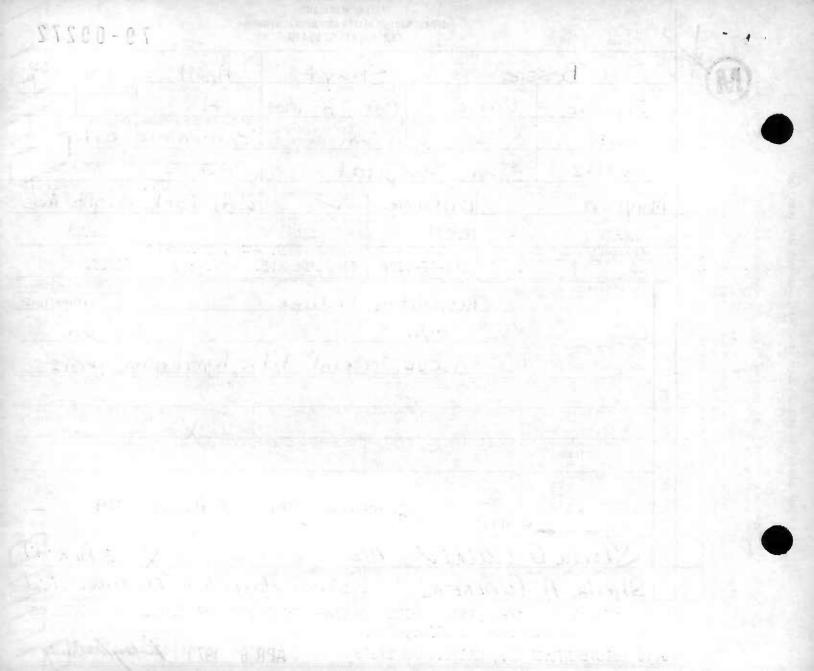
07013-01

15M 7/76



DHMH - 16 50M 7/77 (VR A 15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME KOSSIE IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore 126 KIND OF BUSINESS UNKNOWN 17 INFORMANT MRS. ANNETTE ABARSSIN #21208 APPROXIMATE INTERV. ummedia 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 COUNTY STATE and that in (my) (and opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR | PHYSICIAN KODESH-BETH SRAZELITY OR BALTIMORE COUNTY 6010 REISTERSTOWN RD., BALTO., MD 21215



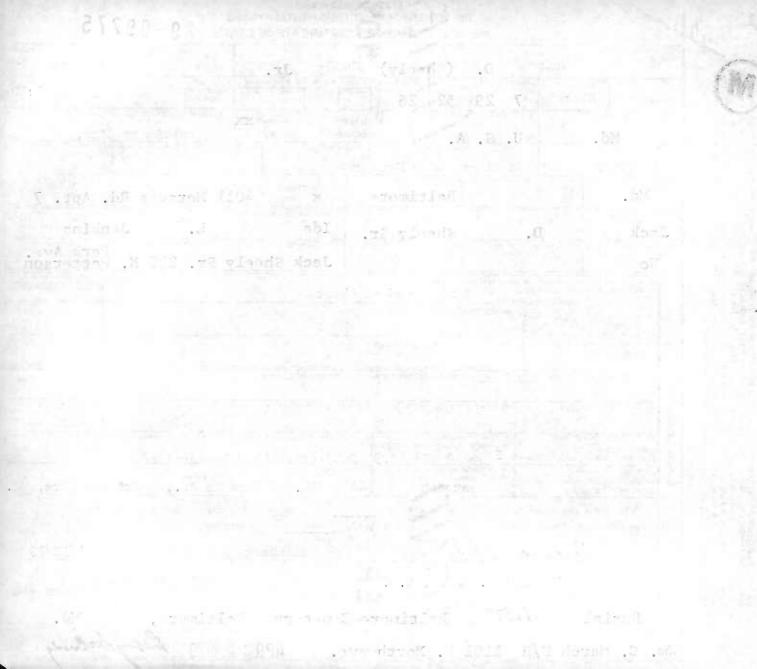
STATE OF MARYLAND 9-09273 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 26 HOUR . DECEASED NAME (TYPE OR PRINT) Margaret IF UNDER 24 HRS 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR temale 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF FOREIGN MARRIED A NEVER MARRIED coylaryland Baltimore WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 3 . Pratt Street (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Housewife Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE
136 COUNTY
130 CITX OR TOWN 130 STATE Balto 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pratt Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE puo ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I /IF YES GIVE WAR OR DATES! 3903 & Pratt Stree 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Conconce 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? the buriol-transit per and Mental Hygiene NOF NO [ 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceosed olive on and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (1) (wet (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS should be with the S Joseph R. Liberto MD 3508 Bank Street, Baltimore, Maryland 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIF Burial Baltimore COUNTY STATE 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 henoweth 3rd 3615 Chestrut Ave (VR A 15 (4))



and there

15M 7/76

```
12 9 0 - 0 2 7 M
.olis with molisiins .neg -
Total v. Flore, it i. ar night is, 21261
                     LIESS DES LITTON IN ONL . AN PRINCE A TRANSPORT
```



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 7/78

19-09276

52 V A V

. .

must be notified of once.

IMPORTANT: If them 21 is morked or Item 18 shows any

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09277

1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	REG. NO. 9 -	-09277
	CEASED NAME PIRST CLARA X  1 CM (P		ATE OF BIRTH MONTH DAY YEAR  03-07	20. DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIRTHDAY)  7 2 YRS.	DAY YEAR 26. HOUR  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
	OUNTRY) KY	U.S. A WID	ARRIED NEVER MARRIED DOWED DIVORCED	9. BALTIMORE CITY OR COUNT Bald,	more eilyo.
			ire General Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOUSE WISE	126. KIND OF BUSINESS OR, INDUSTRY
130.	STATE  136. COUNTY  ATHER'S NAME	13 SITY OR JOWN		132 STREET ADDRESS	all, St.
	Unkrown	Brumfield	Wilhelm	MIDDLE	Unknown
	YES, NO PRUNKNOWN) (IF YES, GIVE WAR	401-34-5331 e couse per line for (a), (b), and (c),	Mr. Joseph Jon	res,740 E. Fort A	ve. Balto. Md.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE  (b) CONSEQUENCE  (c) CONSEQUENCE	of oney Emi	MAL DISEASE OR CONDITION G	IVEN IN PART 1(o)
CERTIFICATION	194 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  YES NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.		ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL		2Te. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FARM, ET	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hospital) of sow the deceased alive on above, (I) (we)*(did) (did not) vie 22b. SIGNATURE	4/1 1979	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR PRIN	. Howard m	122e ADDRESS 1.1). 3001 S.	Hanover	SF.
	(SPECIFY) Burial	b. DATE 231. NAME (edan		Baltimore,	Maryland
24 F	uneral director Cittly Funeral Hon	ne, 130, E. Port Ave	e.Balto.Md : APR	REC'D. BY REGISTRAR 256. RESIS	TRAN'S SIGNATURE

11120-0 The state of the state of the state of Demon 2 Pan S. Canada the state of the s AN - N-5737 - Hard Sandy, The Journal of the Control of the Contro water that the state of the same of white process the property of the property o

BTCOOLO - I - I MAN TO THE PROPERTY OF THE PARTY OF THE P 

FOR

19-02779		
and the second		
		The street of the
(24 July och av (42 July och av (42 July )	4	
	Sept a lone, sales through the set	

06300-07 Cold Port of the State of the state of the Brown of the the state of the same of the Sugar Later and the Karl Harry The Land Land

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1 DECEASED NAME MIDDLE LAST MONTH 2b. HOUR page 3 (TYPE OR PRINT) SHOWALTER NORRIS E. Ta 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAYS HOURS YE AR MONTHS White Male 1895 Oct. YRS To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OF INDUSTRY PHONE 12ª USUAL OCCUPATION INTON MEMORIAL HOSPITAL ITYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE Traffic Mgr Sc. USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONA filled ould b 136 COUNTY 13c CITY OR TOWN \$334. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto Md. 37.00 St. Paul NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Sallie Emmet Showalter M. Norris ADDRESS 166 SOCIAL SECURITY NO 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) YES NO OR UNKNOWN) 212-10-0649 Mrs. Evelyn Showalten Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ NO [ 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) this hospital) attended the deceased from sow the decease plive on 412 S and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should b UNION MEMORIAL HOSPITA JOSEPH CAMA, M.D. 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) CITY OR TOWN COUNTY STATE Entombment Druid Ridge Pikesville, 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE APR 261979 Henry enkins & Sons Co. DHMH-16 20M (VRA 15, 4) 7/78 York Rd. Balto.

18605-0

6010 REISTERSTOWN RD., BALTO., MD 21215

FOR

- STATE

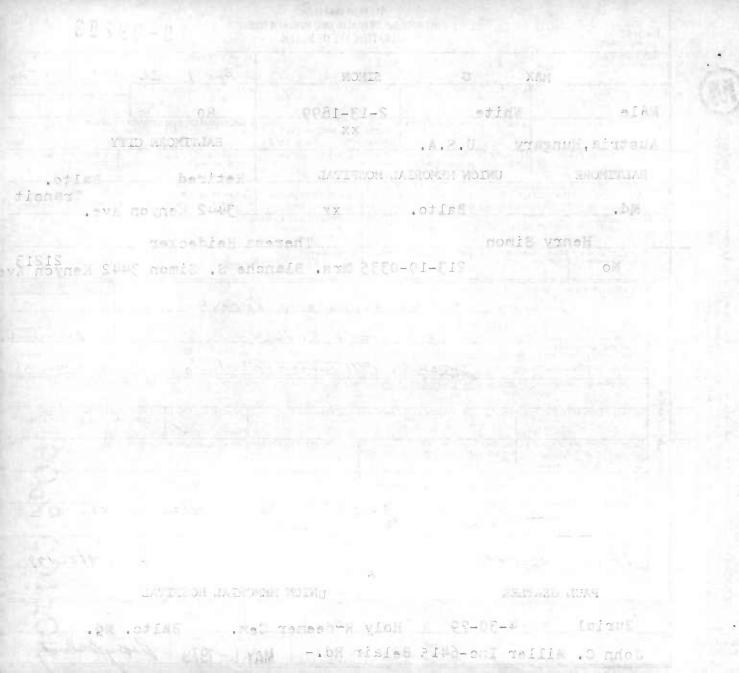
DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

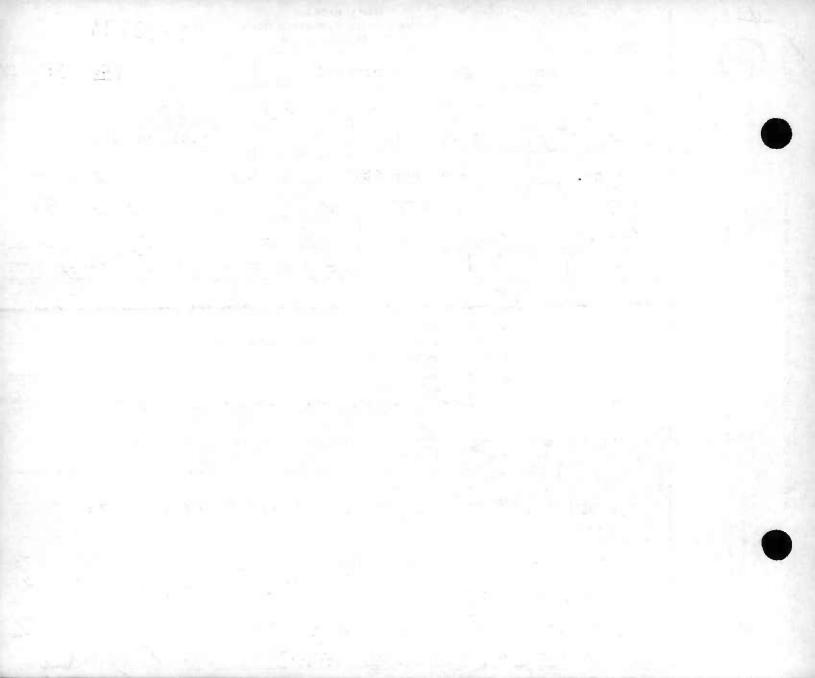
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-09282



STATE OF MARYLAND 79-09284 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 3:10 Skarzynski Leo 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX AONTHS DAYS HOUR5 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING HE Mercy Hospital Balto. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134 COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET pino 14 FATHER'S NAME FIRST puo 160. WAS DECEASED EVER IN U.S. ARMED FORCES ADDRES 17 INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ ond Mentol Hyg 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from 79 sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death If Item 775. 51GNWHIE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Stote Stote PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27¢ PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS d b 73a BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY BP DHMH - 16 50M 1/76 (VR A 15 (4))



**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-1079 Skinner 3 DEATH MATED Ira 6 AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR 4. RACE IF UNDER 1 YR. 3. SEX DATE PRONOUNCED 19 79 Noon, 20 DEAD black male 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOR FOREIGN COUNTRY! DIVORCED Baltimore City FILED, V KIND OF BUSINESS Baltimore 3. RETAIN PA at home/2324 Eutaw Place USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13e. STATE 13b. COUNTY YES NO VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 0 MIDDLE LAST WITH FORM PM
T. PAGES 1 AND 2
DIVISION OF VITA N. MIDDLE LAST FIRST 17. INFORMANT **ADDRESS** 169, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). 00 BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which AND MENTAL gave rise to immediate BURIAL TRAN cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. IIEF MEDICAL E ISED AS A BUR F HEALTH AND CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF PRIOR TO BURIAL, C YES 🗌 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION R. PAGE 3 SH STATE DEPA 218 PLACE OF INJURY TATHOME. AT WORK AT WHILE STREET COUNTY STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN TO MEDICAL EXAMINER: I EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 and in my opinian 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) 3/20/79 Assistant SIGNATURE Street, Balto., MD 21201 111 Penn R. Guard, M.D. EXAMINER'S NAME HOTMEZ TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE DHMH - 17 (VR A15 ME (5)) 15M 7/76

The state of the s The state of the s

FOR

REGISTRAR

- STATE

79-09286

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH 25 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** BAGTO GITY 175 KIND OF BUSINESS OR RUBBER MAGTERY GREEN ENNISE, STAPPY 925 BEVAN ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT ADENO CARCINGMA MONTH LITERUS -- METASTATIL PLEURA / CHENTUM

> 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21

COUNTY

NO T

STATE

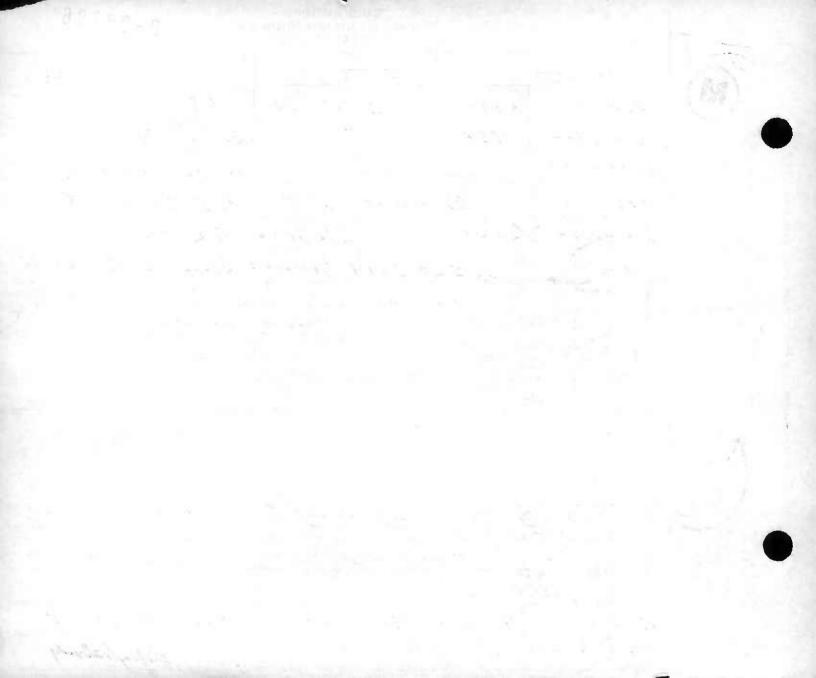
22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

HOSPITAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))



injury, or other troumotic event, the medical examiner most be patified of once.

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09287

		REGISTRAR			CENTIL	CAIL OF DEATH		REG. 1	NO.		
		CEASED NAME FIRST JOHN	W.		LATE	XST	20	APRIL 4		DAY YEAR	12:05A
	3 SEX		4 RACE		5. DATE O			AGE (IN YEARS LAST B	RTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		ale	White		Jan.	21,1 904 YEAR		75	YRS		HOURS MIN
15		RTHPLACE ISTATE OR FOREIGN CUNTRY IN THE INTERIOR INTERIO	USA		MARRIEI WIDOWE	NEVER MARRIED		Baltimore City Baltimor	_		MD.
7	Bal	Ity or town of DEATH	Maryland	ILIT GENETA	al Ho	spital		USUAL OCCUPA  YPE OF WORK FOR MOST  None			OF BUSINESS OR
3	13a. S	AL RESIDÊNCE (IF NURSING) NOME OF STATE 196 COUN irginia	VTY 13c	RESIDENCE BEFORE . CITY OR TOWN Lexandr:	4	13d INSIDE CITY LIMIT		STREET ADDRESS	ginia	Ave.	
1		THER'S NAME  illiam Yeats Sl	ater	LAST		Mary Eliza				LAS	51
5	160 V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	SOCIAL SECUR		17 INFORMANT			RESS		and the state of
1	N	0	5	/8-16-20	012A	Md. Mason:	ic H	omes, Coc	keysv		CIMATE INTERVAL ONSET AND DEATH
	Z	Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS  (c)  DUE TO, OR AS  (c)  CONDITIONS CONTI	A CONSEQUE	NCE OF		TERMIN	AL DISEASE OR CO	NDITION GI	VEN IN PART 1	01
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	N FOR WHICH (	OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WERE FINDING IFYING CAUSES	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	HOUR A.M.	MONTH DA	Y YEAR	216 HOW INJURY OC	CCURRED	(ENTER NATURE OF IN)	URY IN ITEM 18.	PART 1 OR PART 2)	
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	ACTORY, OFFICE, FA	RM, ETC }	STREET		CITY OR TO	NWC	COUNTY	STATE
		226.1 certify that MXXXXX sow the decreased alive or above. I was (did) (and the 22b) SIGNATURE	ot) view the body ofte	r deoth.		d that in the Court op degree	NG		AFF		
		James Bidd:	ison, M.D					hern Par	kway	21239	•
	Bu	BURIAL, CREMATION, REMOVAL SPECIFY) ITIAL—Transit	236. DATE Apr. 6,1	.979 F	ort I	incoln		23d LOCATION CITY OR TOWN  Brentwoo			
		uneral director have tchell-Wiedefel	d Home, I	MUDRESS		rk Rd. 250 re, Md.		PR 9 197	R 25b. REGIS	TRAR'S SIGNAT	Re Creedy

DHMH - 16 60M 1/75 (VR A 15 (4))

103				
10.30	ę		L.A	
		POLICE AND		ator
		derligant is the	Daniel N.	AND STREET, ST
10	ne shireful obol	A problem	xela) — — — — — — — — — — — — — — — — — — —	deligi
		dealf line	200570	. 1111 cm Years
KLAND	Marin, Total evil	51 MES . 158 - 177-46		
I		AK SEN	A of Engels	
				1
		William I will be		
		- 00 27	Hatten to the	ATT FREEZE
and		efeculti mo	T	1 35 - 5 T
		and the same of th		

ni procil-itederale ara, ruc

FOR

ST	ATE	OF	MA	RY	LA	N

D DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00788 0

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	9-032	. 0 0
1.	DECEASED NAME	FIRST		MIDDLE	L	AST			EAR 2b. HOUR
	THE OR PRINTS	PAUL	CH	ESTER	SL	IDER	April 1	2, 1979	9 A
3.	SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 H
1	Male		Caucas	sian	May	29, 1907	71	YRS.	OAYS HOURS MI
7a	BIRTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O		тн
			U.S.A.				Baltimor	e City,	
	CITY OR TOWN OF D		3233 E	HOSPITAL, NURSIN HFACILITY, GIVE STREET, BELAIT R	G HOME C ADDRESS) Oad	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Baker		ind of Business Stry akery
13	SUAL RESIDENCE (IFN 0. STATE Maryland					134 INSIDE CITY LIMITS?	133233 ADBESS	air Road	21213
0 14.	FATHER'S NAME Leonar	d Sli		LAST		Margar	et Painte	r	LAST
	WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES}	166 SOCIAL SECU 217-03-	8012	Robt.W.Gar	dner- Lin	Sycamor thicumMd	
	PART   DEATH WAS CAUSED BY:   PART 2 OTHER SIGNIFICANT CONDITIONS   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH WAS CAUSED BY:   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR WHICH OPERATION WAS PERFORMED   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH WAS DEEDED FOR A AM SO PERFORMED   19b. CONDITIONS FOR WHICH OPERATION WAS PERFORMED   20c. AUTOPSY?   20c. AUTOPSY?	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEA						
	PART I. DE ATH	IMMEDIAT	D BY: E CAUSE (0)	MYUCARI	DIOL	INFRACTION			MMEDIOTI
	gove rise to i	mmediate ting the	(b)			ANTERF	DISEOSC		7 YIZANS
2		GNIFICANT	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(0)
CEPTIEICATION	190 DATE OF OPER	RATION	19b. CONDI	ITION FOR WHICH	OPERATION	N WAS PERFORMED		20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED SUSES OF DEATH?
	00 000 000 000 000	CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21¢ HQW INJURY OCCUR			
MEDICAL	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR TOV	VN COUN	TY STATE
	sow the dece	osed alive on	1	ARCH 10		7 , 19 <u>79</u> d that in (my) (my) opinion	, to <u>19 M</u> deoth occurred on the de	ote and hour and fro	<b>7 %</b> , that (I) <del>(we</del> ) m the couses stated
	22b. SIGNATURE	Le	= Mi	11	n		MEDICAL STAI DIRECTOR   PHYSIC	FF .	DATE SIGNED 7
	Dr.J.I		Hill,	M.D.		3501 Sain	t Paul St	reet	
23	BURIAL, CREMATIO (SPECIFY) Burial	N, REMOVAL	236. DATE 4/14/	/79 Me	adow	emetery or Crematory ridge Mem.P	k Baltim	ore,	STATE Md.
24	Home, In		eral	3331 Balto	Breh	ms Lane 25a DAT	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

AV			
	ENTINETIAL AND		
17 mile of 17 miles	1 - 5 E	113 6 6 11	
7-50-	The second of	a delip -	
La ruscia de la responsación de			

STATE OF MARYLAND

Jenkins & So Balto, Md.

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1-	STATE REGISTRAR			,	LIAKIML	CERTIF	ICATE OF DE	ATH	LIVE	7 9 -	0 9	79	9	
	CEASED NAME OR PRINT)	EXAND		AIDDLE	SM	ITH '	AST I]	II	20. DATE O	F DEATH	MONTH	/ 9	YEAR	26. HOUR 10:57AM
3. SE	Male	4.	RACE Whi	te		Nov	I DAY	912		EARS LAST BU	YRS	MONTH		IF UNDER 24 HRS
C	RTHPLACE (STATE OR FO			SA	,	WIDOWE		RCED 🗌			PRESHW			ME
B	TY OR TOWN OF DEA		UNION	MEMOR	RIAL RIAL	HOS P	TTAL	UTION	17a USUAL (TYPE OF WOR		OF WORKING	LIFE) IN	eth.	Steel
13a S	Md.	13b COUNT		13c. CITY C		DMISSION)		10 🗆		ADDRESS	lder	ry	St.	
14 F.A	Alexand	er	C.	Smit	h J	r.	15. MOTHER'S M		ME	MIDDLE R.			Whit	te
16a V	VAS DECEASED EVER	(IF YES, CIME W		218-			Mrs.		ander	C.		h I	II	Same
	PART I. DEATH W  Conditions, if ony, gave rise to imm cause (a), stotin underlying cause  PART 2. OTHER SIGN	AS CAUSED IMMEDIATE which nediate g the last.	BY, CAUSE (0)  DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CON	NSEOUEN	CE OF			rest tion		ADITION G	GIVEN IN	3	MAJE NIERVAL ONSET AND DEATH
MEDICAL CERTIFICATION	190. DATE OF OPERAL	-	19b. CONDI		WHICH O	PERATIO	N WAS PERFORM		200 AUTO	NO	IN CER	TIFYING YES [	CAUSES	NGS USED OF DEATH?
MEDICAL C	OR CONTRIBUTING CIFEITHER, NOTIFY MEDIC.  21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	CAUSE OF DEATH ALEXAMINER) RED	LICILD A	M. MON M. OF INJURY		YEAR 19 M, ETC.)	211. LOCATION		(EUCLIO	CITY OR TO			DUNTY	STATE
	22a.1 certify that (1) sow the decease above, (1) (we) (c	ed olive on_	4/14	1	19 7		nd that in (my) (or	19 77 ur) opinion c		9/17 ed on the d	dote and h			
	Paul &	ME (TYPE OR P	len RINT)				ATT	ENDING YSICIAN	MEDICAL DIRECTOR	STA PHYSI		4	4/1	1/79
	PAUL,	ERTHE	R M.D						RIAL H		AL			
23a. E	BURIAL, CREMATION,		23b. DATE	/79			EMETERY OR CRE	EMATORY	Ba I	ATION ORJOWN TIMO	re (	COUN	ı̈́tv.	Md.

Sons Co. d. 21212

DHMH - 16 50M 7/77 (VR A 15 (4))

173 Mets 74	April 14,2		SILI	.0	1. Laxi	<i>P</i>
		20, 1112	.vol			ole
	BALTI. D.C. CITY					
Santa Steel	rerodad	J. 'A'	I I I I I I I I	I.O	JU	L.O.INI. 8
1	3023 No Litore					. 64
edina	4	rtail	12. EL	dalma	. 1	daroli
TII Samo	dalug . a webme					
on t						
14/1/11	4 1 40				- 11 12	1 2
	J. TIGCOL J. L	U.I.U			/ cl.15 . 0	PAUL,
. 111	or esculared Neglecture			P0/7.	1/4	

STATE OF MARYLAND

79-09290

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME LAST 20 DATE OF DEATH (TYPE OR PRINT) Charles Smith APRIL 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS MONTH White 28: 1900 Male Nov. 78 vears YRS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED COUNTRY BALTIMORE CITY U.S.A. Maryland WIDOWED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ST SUAGNESS SHOSPITAL BALTIMORE Painter Unknown USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 1802 Spence Street 21230 Baltimore Md YES KX NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDOLE Pfeiffer Walter Smith Mary In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 218-01-0245 Mrs. Marie C. Smith, 1802 Spence St. 21230 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) 5440000145 Cel enchual metactasis Conditions, if ony, which gove rise to immediate ioi, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING. 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 27a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL **PHYSICIAN** DIRECTOR PHYSICIAN AME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE Maryland 4/30/79 Cedar Hill Cemetery Anne Arundel Co. Burial Balto., Md. 21229. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78

BP.

ld b 3 € 0

MPORTANT:

24. FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wikens Ave.

Hygi

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) THE 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX DATE OF BIRTH IF UNDER 24 HRS DAYS White 29 11846 Female BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY COUNTRY) MARRIED NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) North Charles General Hospital Baltimore Nurse W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1136 COUNTY 1127 CITY OF TOWN Balt., Md. 21239 13e STREET ADDRESS Baltimore 13d INSIDE CITY LIMITS? 1710 Heathfield Road Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Francis W. Bond Laura 17 INFORMANT Grandson: ADDRESSCOLUMBIA Md 21044 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST 5625 E Harpers Farm Rd. R. Bond Riley 215-12-3639 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a)\_ RESent OR AS A CONSEQUENCE OF CEREBRA VASCULAY Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Accidentunderlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NO NOS and Mental Hygie burial-transit 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR AM. MONTH DAY YEAR OR CONTRIBUTING AUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY morked or AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from O.3 saw the deceased alive an. \_\_, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED TO FUNERAL DIF should be detach with the State De  $\pm$ DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Burial Apr 10 1979 Maryland Line Cem. Maryland Line Maryland 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR SAMPLED 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J. Ruck, Inc. Baltimore, Maryland

and the treatment forms without the treatment of the control of th Andrews and the second of the 

	- Differe	,,,						STAT	E OF MARYL	AND			militaries		
S:			1-	FOR STATE REGISTRAR			DEPAR		ICATE OF I	MENTAL HYG DEATH	REG. N	7 9	-097	292	
1	MAN.			CEASED NAME	FIRST		MIDDLE		AST		2e. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR AN	N
-	12 8 A 5			H	AWTI	HORNE		Sm	ITH	SR		4 ,	12 79	145 A	
	4		3 SE	MALE		4 RACE		5 DATE (		YEAR	& AGE JIN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
	recto		_				9RO	8	3	87	9/	YRS			
	meral d	33	7d. BI	RTHPLACE ISTATEORED DUNTRY)  MARY			WHAT COUNTR	MARRIE WIDOW	D NEVER	MARRIED	PALTIMORE CITY		OFDEATH	MD.	
102	by the fulled with	10	В	ALT IMORE	1	STOT IN SU	HOSPITAL, NURS	T PTEOI		NOITUTIIT	IZE USUAL OCCUPAT (TYPE OF WORK FOR MOST OF GARDENER		E) INDUSTRY	OF BUSINESS OR CIVIL SER	١.
MARYLAND 2120	8 5 0 /3		USU. 13a. S	AL RESIDENCE IN NURS	ING HOME OR	OTHER INSTITUTION	, GIVE RESIDENCE BEF		1 13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS			ATONSVILI	LE:
S S	filled nould b	()	MA.	RYLAND		IMORE			YES 🗌	но 🛛	6114 OLD H	REDER		MD.	
KYL	etely 2 sh		14. FA	THER'S NAME FIRST	,	^IDDLE	LAST		15. MOTHER	S MAIDEN NA	ME		LA	SI	
WA	comple	all all	W.	ILLIAM		Н.	SMIT	ł	MAR		Moore		HARR		
	executed and comp	1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMA	ANT	ADDR	ESS			
BALTIMORE,	be ey			YES	WWI		220-09-9	9934	HAWTH	ORNE SM	ITH. JR. 61	14 OL	D FREDE		
W. PRESTON ST.,	ires that the death certificate gined by the attending physicin in please remave carbon paper hand, cremotal, in constitution, or removal.			PART I DEATH W  Conditions, if ony, gove rise to imm cause tal, statin underlying cause  PART 2 OTHER SIGN	which nediate g the last	DUE TO, O  DUE TO, O  DUE TO, O  (c)	CARDI OR AS A CONSEC OR AS A CONSEC LA	D Puls DUENCE OF LEMO DUENCE OF Left Ces	nary quein	Emba Emba thro	lean mbosis	IDITION GIV		unate INTERVAL ONSET AND DEATH / week	65
DIVISION OF VITAL RECORDS, 201	ne faw require.  Sin.  has been stripermit. The ene prior to	7	CERTIFICATION	Leb 190 DATE OF OPERA	TON		1 Dyme				Sented at to 200 AUTOPSY? YES X NOT	20b. IF YES	S, WERE FINDI	NGS USED	1
VITA	4YSICIAN The ding physicial is certificate burial-transit Mental Hygie		W	21g. ACCIDENT WAS UND	-			DAY YEAR	21c HOW IN	JURY OCCUR	RED JENTER NATURE OF INJU				
Ö	SICIA ng ph certifi unal-tr	5/	₹	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		in .	.M. MONTH	19							
VISION	호등 숙일 전 국	5	MEDICAL	21d. INJURY OCCURE WHILE NOT WILL AT WORK	HILE 🗀		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATIO	NC	CITY OR TO	wN	COUNTY	STATE	
۵	S 9					al) attended th	ne deceased from		413	19.79		112		that (we) last	
	- a o c	7		sow the decease abave, N (we) (c	d olive on	) view the hady	4/12 19	<u> 79</u> .º	nd that in (m)	(our) opinion	death occurred an the o	ate and hou	ir and fram the	couses stated	
	· · · · ·	<u> </u>		226. SIGNATURE	_ ^		direr dedin.		DEGREE				22c. DATE	SIGNED	
	o			Joan	W	hited	rouse	. 1	1,0,	ATTENDING PHYSICIAN [	MEDICAL STA	FF	41	12/79	
	etoined by the TO FUNERAL should be deto with the Store with the S			224/PHYSICIAN'S NA		ITEHOU	use , 1	n.1>,	22e ADDRES	CATON	AVE. BA	TIMO	RE, MD.	.21229	
	5 5 7 4 3 3		23a E	SURIAL, CREMATION,		23b DATE		NAME OF	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE	
	BP		L'	BURIAL		4-17-	79 AF	RBUTUS	MEMORIA	AL PARK	BALTIMORE	COLIN		WEAND	
	DHMH-16 20	м	24. FI	JNERAL DIRECTOR			ADDRESS			25a DAT	E REC'D. BY REGISTRAR		San August	Short!	
	(VRA 15, 4) 7		H	ERBERT E.	NUTTE	R 3035		AVE		APH	(1 6 la/a	1	7	/	

. 25250-51

0.00

. 2 91

X X0

-

## completely filled in by the funeral director, page 3 , 1 and 2 shauld be filed within 72 haurs ofter death

must be natified at ance.

the attending physician and completel remove carbanpapers. Pages 1 and 2

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician

MPORTANT: If them 21 is marked ar them 18 shows any

24. FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC.

injury, or ather traumatic event, the medical exor

## STATE OF MARYLAND

79-09293

FOR STATE REGISTRAR			F HEALTH AND MENTAL H	YGIENE 7 9	09293	}
1. DECEASED NAME FIRST (TYPE OR PRINT)	HELEN SM		LAST	April 3,		26. HOUR
3. SEX	4. RACE	Mo	OV. 1, 1899	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YE  MONTHS DA  YRS.	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Czechoslovakia	76. CITIZEN OF WE	A MAR	RIED NEVER MARRIED [	Baltimore City	or county of DEATH e City,	MD
Baltimore	(IF NOT IN SUCH F	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) 501 Upshire		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker		D OF BUSINESS OR RY
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO	OR OTHER INSTITUTION, GIV UNITY	VE RESIDENCE BEFORE ADMISSING CITY OR TOWN Baltimore	ON) 13d. INSIDE CITY LIMITS? YES MO [	13e. STREET APORESS	shire Road	
I4. FATHER'S NAME FIRST John \		LAST	15. MOTHER'S MAIDEN P	Katherine l		LAST
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	13 09 3344		n F. Miller	1501 Upshi	re Road
gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	T CONDITIONS <u>CON</u>		BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	NOTION GIVEN IN PART  206. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
00 00 170 0177 10 0 01	DEATH	MONTH DAY YE	21c HOW INJURY OCC	VES NO NO NO URRED (ENTER NATURE OF INJL	YES	3) NO 🗍
OR CONTRIBUTING CAUSE OF  [IF EITHER, NOTHY MEDICAL EXAMIN  218. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF		211 LOCATION	CITY OR TO	WN COUNTY	STATE
22a. I certify that () (this has sow the deceased alive above. () (up) (did) (	C. Jay	lor M. 1	220. ADDRESS	on death occurred on the of MEDICAL PHYSIC PHYSICAL PHYSI	AFF	15/79
230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	AL 23b. DATE 4/6/79		of CEMETERY OR CREMATOR ney Valley	Y 23d LOCATION	sville, Md.	STATE
24. FUNERAL DIRECTOR  MITCHELL LITERE	ELD HOME	ADDRESS 6500	Vonts Pd	ATE REC'D. BY REGISTRAR	the same of the sa	2 Breedy

6500 York Rd.

APR 9

DHMH - 16 50M7/77 (VR A 15 (4))

19-09293				
PARELS 1977			res same	
70	OUSE . D .	rof		
, the second of				Creomelovatin
	in less	Loginard 1	roc.r	and a transfer
1501 Cochire Rose		Hagines :		. int
atabili univertali			e.f. ner	Y mai.
on C. Miller 15th Charles Cont	Lett .eg	ANEE BOX	MIN 144 M	0.5
THE RELEASE OF THE PARTY OF THE	-8 6	N 80 83	223	
Recommount were relativore, no.	3002		e de la confu	Langua II. II
.w., effivey-dool				faires

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-19794

1.	REGISTRAR			CERTIFI	CATE OF	DEATH	REG.	NO.	5520	
1. DE	ECE ASED NAME FIRST	M	IDDLE	LA	ST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(117)	Kather	ine		S	mith	117		4	18 7	9
3 SE		RACE		5. DATE O	FBIRTH		6 AGE (IN YEARS LAST B		IF UNDER I YEA	
	Female	Black		мо <b>м</b> тн	10	1923	55	YR	MONTHS DAY	HOURS
7a B			HAT COUNTRY?	8.	SERVIEVED.	MARRIED [	9 BALTIMORE CITY			
7	S. C.	II. S.	Δ.	WIDOWE	25	NORCED	В	alti	imore C	itv
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING	G HOME O	ROTHER INS	TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION	12b. KIND	OF BUSINES
9	Baltimore	Provi	dent Ho	spit	al		(TYPE OF WORK FOR MOS	OF WORKIN	IG LIFE)   INDUSTR	T
USU	JAL RESIDENCE (IF NURSING HOME OF C		GIVE RESIDENCE BEFORE		124 INJETDE	CITY LIMITS?	12- STREET ADDRESS			
	Md.		Baltimo	re	YESXX	NO [	3404 AV	onda	ale Ave	
14 F.	ATHER'S NAME FIRST M	IDDLE	LAST		15. MOTHER	S MAIDEN NAM				
9	Edward	C	coleman		Lul		WIDDLE		Joh	nson
	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORM	ANT	ADD	RESS		
,	No	· ·	241-28-	1761	The	odric	Smith 34	04 A	Avondal	e Ave
	18 CAUSE OF DEATH (Enter only	y ane cause per l	ine far (a), (b), and	licii		_			APPRO BETWEE	XIMATE INTERV
	PART I. DEATH WAS CAUSED	CAUSE (a)	munc	and	100	Inter	inctein	1		
	411)									
	710-	DUE TO, OR	AS A CONSEQUE	NCE OF					-	
	Canditions, if any, which	(b)							-	
	couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF						
	underlying cause lost	( (c)								
1	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	VOT RELATE	TO THE TERM	INAL DISEASE OR CO	NDITION	GIVEN IN PART	l(a)
N N										
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERF	DRMED	20a AUTOPSY?		YES, WERE FIND	
E							YEST NOT	IN CE	RTIFYING CAUSE YES	S OF DEATH
1 8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM		
	OR CONTRIBUTING CAUSE OF DEAT		A. MONTH DA	Y YEAR						
MEDICAL	21d. INJURY OCCURRED	P.M 21e PLACE O		14	21f LOCAT	ON				
¥	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR T	OWN	COUNTY	STA
	22a.1 certify that (1) this haspite	al\ attanded the	despected from		3/10	10 ) (	10 (	1111	10.79	, thor (I) w
	saw the deceased alive on	4	15 19 5	29 and		(bur) opinion o	death accurred an the	date and	hour and from th	
	above, (1) (we) (did) (did na)	wew the body o	Her death.		EGREE					E SIGNED
1	220. SIGNATURE			1011		ATTENDING	MEDICAL ST	AFF	i//-	2 >/>
-	22d. PHYSICIAN'S NAME (TYPE OR		-	000	22e. ADDRE		DIRECTOR   PHYS	ICIAN [	7/ 4	1711
	110. PHISICIAN SNAME (TYPE OR	)			CA ADDRE	101	0.11	110	16.	1 41
	STUNVTI	1057			10,5	1 7 3. 1	MITORI	1/10	/ WIL	194/11
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE				CREMATORY	236 LOCATION CITY OR TOWN		COUNTY	STAT
L	Burial	4/23/7	9 Ba	<u>ltim</u>	ore C	emeter			2	Md.
24 F	UNERAL DIRECTOR		ADDRESS			25a, DATE	REC'D, BY REGISTRA	R 25b, 48	SISTRAR'S CN	URE
		r/u 1		Nort	h Aszc	APF	( 60 13/3	7	1	

1101 E. North Ave.

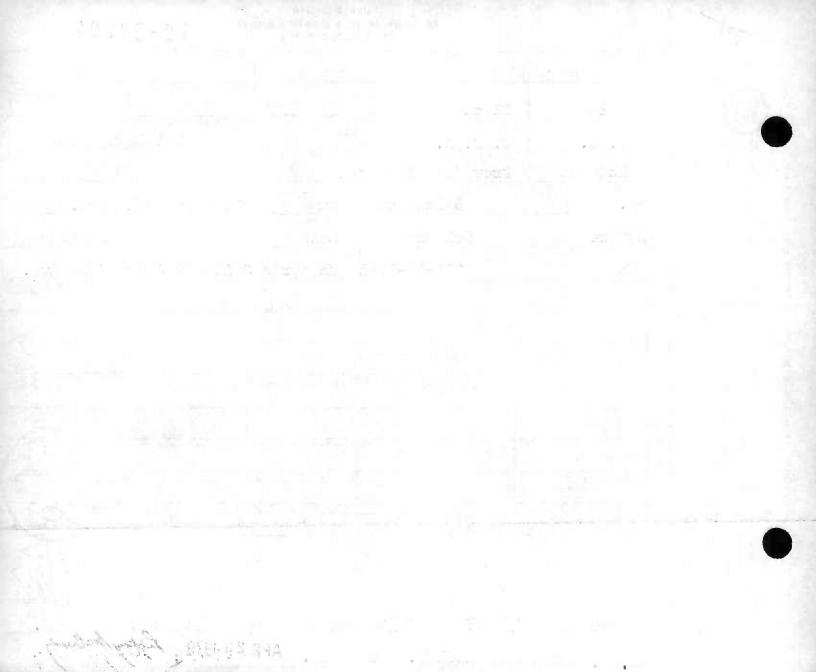
March F/H

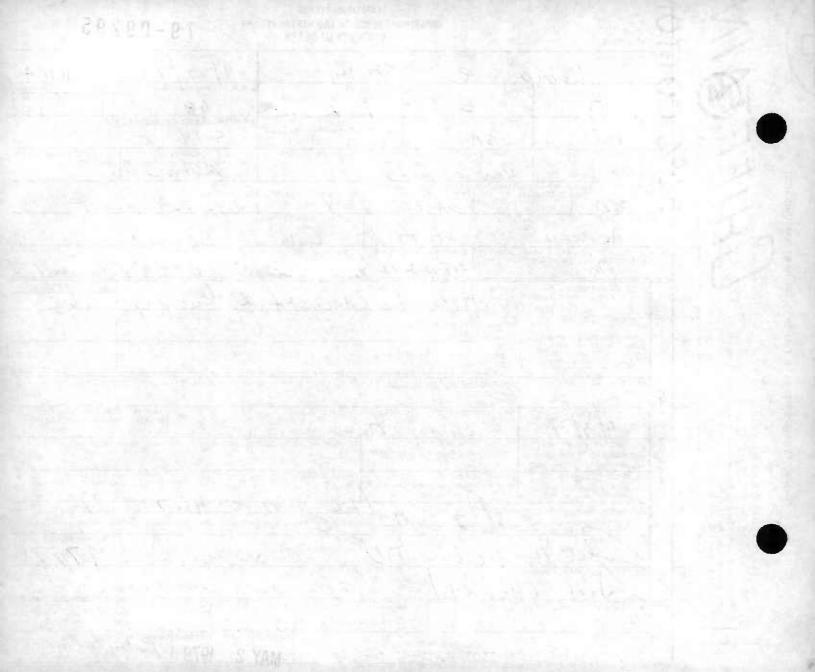
TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please remove carbon pape: with the State Dept. of Health and Mental Hygiene priar ta burial, cremotion, ar removal.





19-09206 

용 '도로 '에 다르겠다. 공에 보고 보고 보고 보다.

the state of the same of the s

				- pinj	1 11
		13 10-3	ick 6		1, 2, 7, 7
		***	. A.a.		
					an district
liver St	224 E. O	2	- condition		ь, ь
mademan E		Inc	Smion		on or other
DIEVER SE.	2225 F.	isin' syml			off.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-Lollie Snowden A. 2019 79 FUNERAL DIRECTOR 5 FOR YOU'R FILE A AGE (IN YEARS IF UNDER 1 YR. 4. RACE DATE OF BIRTH 3 SEX IE LINDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED 3:50P Female Black 3 15 19 79 98 81 YRS DEAD WITHIN Ja. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. Md. Baltimore WIDOWED DIVORCEDXX City FILED, V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)

1102 Druid Hill Avenue OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore City BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 113b COUNTY 1102 Druid Hill Avenue Md. Baltimore YESKX NO [] VITAL I 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, ORM PM MIDDLE MIDDLE FIRST FIRST AND Adline George Snowden Frisby 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! 217-54-4620 Virginia Robinson 1531 Smallwood St. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ED AS A P CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES 🗍 NOX 3 SHOULD BE DEPARTMENT BE 21n EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE STATE Inspection X 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Homicide Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL TO MEDICAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA M.D. DeputyChiefMEDICAL EXAMINER 4/28/79 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Baltimore, Maryland (TYPE OR PRINT) ADDRES: 23d LOCATION CITY OR TOWN Baltimore, 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY SPECIFY) 5/2/79 Buria] Mt. Auburn Cemetery Md. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS (VR A15 ME (5)) 30M 7/73 1101 F North Ave

6		tem 5 g531 5/22, FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.	9-09299
front be	3 SEX		A RACE	thy A. Sokal othy Sokal  Is. Date of Birth MONTH DAY YEAR	DAL DATE OF DEATH MONTH	DAY YEAR 26 HOUR  SPM M  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS MOURS MIN
death Pope	7a BII	DUNTRY)	XX Cauc, 76 CITIZEN OF WHAT COUNTS USA	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COL	UNITY OF DEATH  1 timore MD.  1126 KIND OF BUSINESS OR
21201 in the filed of the same after	USUA	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				
Muthin 24 tilled at 2 should at 2 should miner muth		TATE 136 COUN  THER'S NAME FIRST A	TY SALL	DWN 13d INSIDE CITY LIMITS: YES NO 15 MOTHER'S MAIDEN	2606 Oi	rlears St
BALTIMORE, MARYLAND 2120  cote be executed within 24 hauring yistion and completely filled in to opers. Pages 1 and 2 should be 114 you.  vol.  it, the medical examiner must be get	Tosephine Witles  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  216-14-4615 Anthony Sokal 2606 Orleans St.					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR ATTENDING PHYSICIAN: The law requires that the death certifulate that this certifican.  DIRECTOR: After this certificate has been signed by the attending phached for use as the burol-transit permit. Then please remove carbon poppt of Health and Mental Hygiene prior to burial, cremotion, or remails them 21 is marked or them 18 shows any injury, or other traumatic even		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE! IMMEDIAT Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse last.	DUE TO, OR AS A CONSECTOR OF A CONSE	OUENCE OF SCELLON	Accaded	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOTWILL AT WORK  AT WORK  AT WORK	216 TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 21f LOCATION	CITY OR TOWN	M 18, PART I OR PART 2)  COUNTY STATE
		220.1 certify that (1) (this hospit sow the deceased alive on the deceased alive on the Company (1) (we) (aid 1) and (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	HORU 20 19	DEGREE ATTENDING	ion death accurred on the date and	d hour and from the causes stated
CERTAL TO FUNERAL should be deter		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)  LEGT JER.	PHYSICIAN  270 ADDRESS  ZZS	reen St	14/20/7/
	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
N/12 BP	24 E1	Burial NERAL DIRECTOR	4/24/79	St. Stanislaus	Cem Baltimore DATE REC'D. BY REGISTRAR 256. RE	
DHMH - 16 50M 1/76 (VR A 15 (4))	B.	NAME	Son 2818 F		APR 2 4 1979	tistry Mobrody

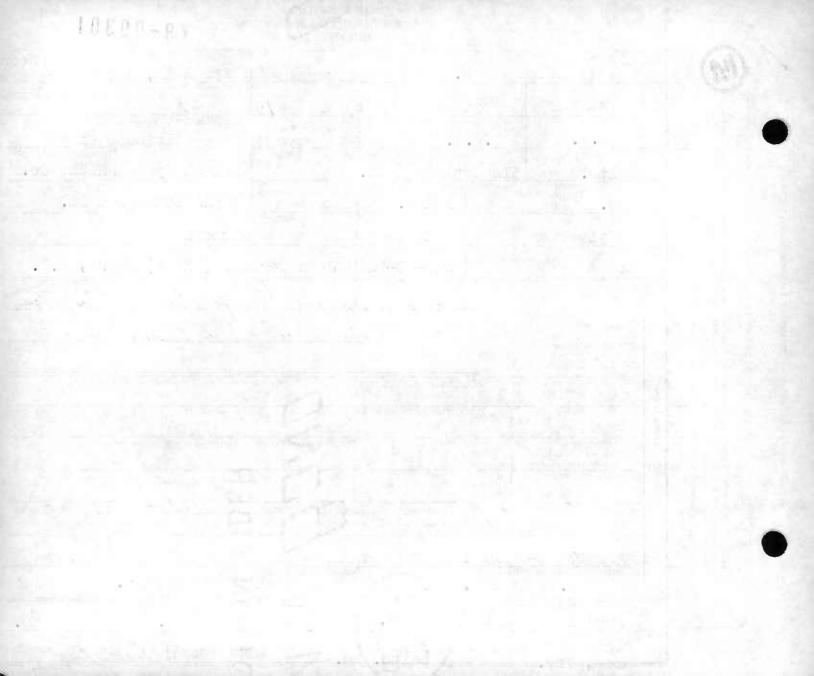
And the second s

STATE OF MARYLAND 79-09300 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I ECEASED NAME 2a DATE OF DEATH 2h HOUR Mattie Spadey 79 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTH OAYS HOURS Female Black 06 05 Je. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) WIDOWED DIVORCED Baltimore City Md CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore 1808 N. Dukeland St. 5 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 808 N. Dukeland St Baltimore YES V NO Md 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME EIRST MIDDLE LAST FIRST MIDDLE William Saxton Saxton Georgetta ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) Georgetta Spaddie 1639 Lorman Ct. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEA pope 18 CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if ony, which gave rise to immediate couse la. stoting underlying TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION yoo 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? be YES [ NO I and Mentol Hygier 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL ltem. (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK The 22a. I certify that (1) (this haspital) attended the deceased from x sow the deceased olive obove, (I) (ive) (did) (did) and that in the (our) opinion death occurred on the date and hour and from the causes stated DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED be detocl ATTENDING MEDICAL STAFF 100 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Md. (SPECIFY) Baltimore County King Memorial Park 5/5/79 Burial REGISTRAR 256. RESISTEAR'S STATUTE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1979 MAY (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.

0000 -0 1 44

9-09301 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH 26 HOURoon LITYPE OR PRINTS Helen M. April 1979 Spiekerman 4 RACE A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER YEAR MONTH DEC Female White BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City WIDOWED X DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Saleslady Hecht Cathedral St. Co. Balto. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. STATE 13e STREET APDRESS Cathedral St. 136 COUNTY plot Balto. Md. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME N Gleba unknown Svlvester ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Jean Werdann (Niece) Bronx, N.Y. 213-20-9469 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY direct less DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE Canditians, if ony, which gove rise to immediate couse to, stating DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION à 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220 1 certify that (1) Ithis hospital) attended the deceased from that (1) (we) last sow the deceased alive on and that in my (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. TH. DATE SIGNED 22b. SIGNATURE DEGREE 10-ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be Medical Arts Bldg. Walter R. Welzant 0 230. BURIAL CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE Balto. COUNTY 4/18/79 Mt. Olivet Md. 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Schimunek Funeral Brehms Lane (VR A 15 (4)) Home, Inc.

STATE OF MARYLAND



Dippel Brothers, Inc. 7110 Belair Rd. 21206

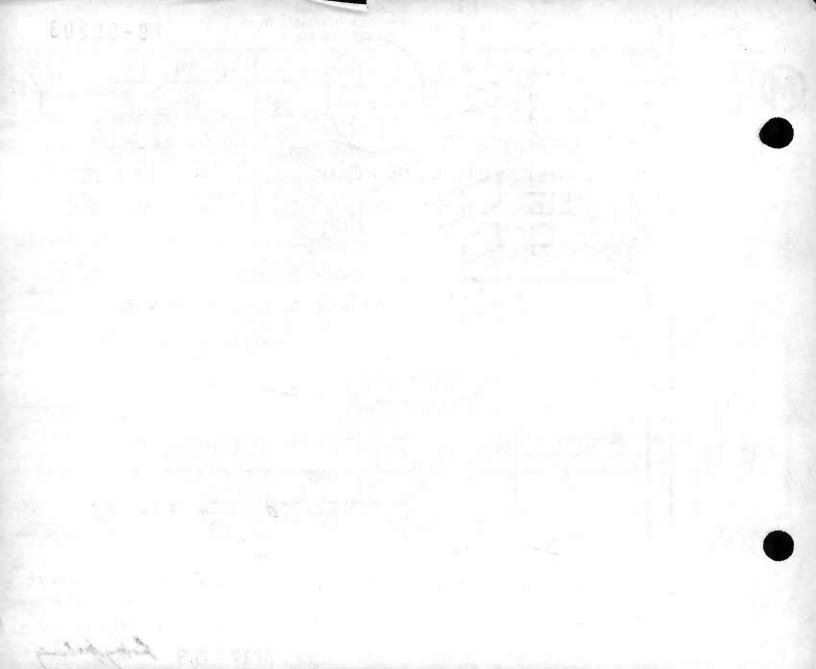
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 6 g531 5/9/79 gj

(VR A 15 (4))

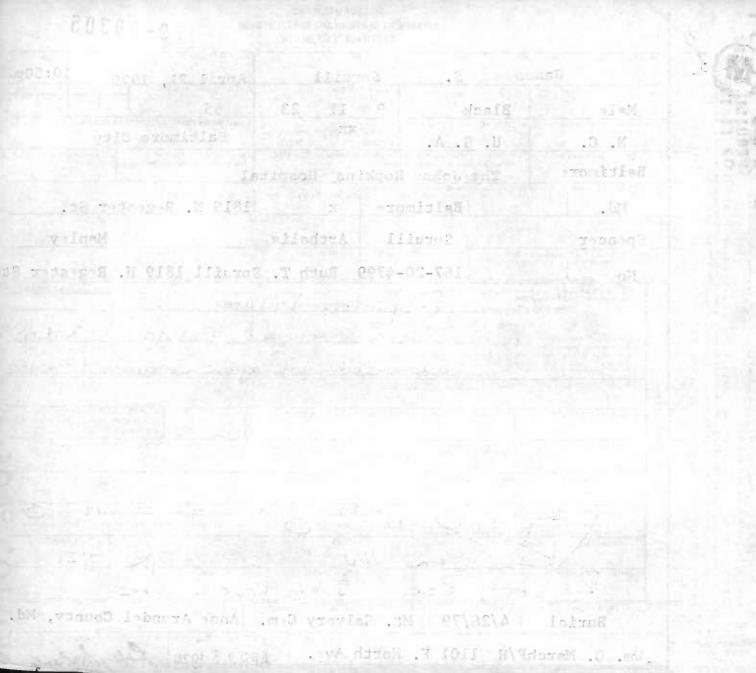
La company the contract of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR 20 (TYPE OR PRINT) SARAH IF UNDER I YEAR 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR 98 BALTIMORE CITY OR COUNTY OF DEATH OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSINESS TOPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Alesperson TIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
ATE 136 COUNTY 136 COWN 13d INSIDE CITY LIMITS? +imore YES 1 NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME N MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO OR AS A CONSEQUENCE OF motion, Conditions, if ony, which gove rise to immediate couse (o), stoting the DUF TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? YES [ NO F NO the buriol-transit and Mental Hygie 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 WED 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY morkedor CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 228.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on 77s SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL Should be detained with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 230 BURIAD CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 23b. DAJE BP. DHMH - 16 50M 1/76 1206-08 West Norther APR 2 6 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR O DATE KNOWN DECEASED NAME 2b. HOUR MONTH OF ESTI-(TYPE OR PRINT) FULTON A. SPRIGGS 19 3 SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 7:40 LAST BIRTHDAY) PRONOUNCED DEAD male negro Mar 25 1920 59 a M 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 804 Whitmore Ave. Baltimore Store Keeper Telephone Co. BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d: INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 804 Whitmore Ave. Maryland Baltimore YES TO NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST Spriggs W. Fisher Coreda James 14h SOCIAL SECURITY NO 7 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION PAGES (YES, NO, OR UNKNOWN) 214-14-9667 WW11 Geraldine Spriggs 804 Whitmore Ave. yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH TRANSIT PERMIT PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Chronic alcoholism 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF E DEPARTMENT OF YES [] NO X 216. TIME OF INJURY 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STORET COUNTY STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK X 22e. I certify that I taak charge of the remains described above, held an and in my apinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLANI Undetermined manner death resulted from: TITLE (SPECIFY) Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. 23a BURIAL CREMATION REMOVAL 23b DATE (SPECIFY) Spriggs Cemetery Calvert Md. Dunkirk Apr. 20-79 Burial 125b. REGISTRAR'S SIGNATURE 25g. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH-17** APR 2.3 1979 (VR A15 ME (5)) Spencer E. Sewell Prince Frederick. Md. 15M 7/76

FOR CO. S. Superior Day of the Constitution of at the state of th er of the second til enoder for i to the control of t empati sagiro e all'accessor and the manufacture of the contract multiplicate the contract that The state of the s



FOR

REGISTRAR

- STATE

(VR A 15 (4))

176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSING 212 E. FIFTH STREET GOBBLE MRS. MARY C. REA, 212 E FIFTH ST. FREDERICK, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH noital vein thromboxos Anenoun PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my/four) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE FREDERICK FREDERICK MD. MYTHAPADETEY, KEENEY & BASFORD FUNERAL HOME BY REGISTRAR 250 REGISTRAR'S SIGNATURE 106 EAST CHURCH STREET, FREDERICK, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-09306

IF UNDER 1 YEAR

OAYS

26. HOUR

12M

HOURS

IF UNDER 24 HRS

Į.	SCOT ST SELVE			
			2 SETTINTY	
	paterior of Ex-		-Enorgative	
THE THE THE TANK OF THE SERVICE				
	ALISTA 30		and Market	0
. BEN, 512 H PINGER, CAMBLEON	JOHN SEA THAT	* : 1		
				E,
×				
				j

70000-0	JANU?	TANDERS OF	A TOTAL CONTRACTOR		
er allet	<b>\</b>		DATE STORY	2 278391	
	THUN!	10 15 26	io.		
	531		1.3	T WIN	tollas ificas
			ALACT TESTOR		
1,7	LOIG H HOT	A LEAN F	WOUTH A		MARYIAN
- Kodo.M	.0	inci	Stackhouse	2	arlot
75 5		3 79		Tie XX	
.bk			9/79 Garden	/\AIc	kuu

79-09308 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH I. DECEASED NAME MIODIE LAST 26 HOUR (TYPE OR PRINT) STAHL April 7. 1979 ERNEST G IF UNGER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS White April 1909 Male 69 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City US Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Trucking Indus Driver Baltimore Union Memorial Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION filled i 13a. STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 2626 Miles Avenue YES IX NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ruie FIRST Fleetan Stahl MIOOLE LAST Pearl ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Marjorie M. Stahl 2626 Miles Avenue 216 3201 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ £ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental Hem MEDICAL ŧ (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 5 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a.f certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death be detoched e State Dept. 22b. SIGNATURE DEGREE 22c DATE SIGNED STAFF 100 ATTENDING FUNERAL old be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 3830 Falls Road Dr. Narciso A.de Borja Houle thou 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 236. DATE (SPECIFY) Burial STATE Lake View Cemetery 10 Apr 1979 nr Eldersburg Canroll 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Burgee Funeral Home, Baltimore, Md

STATE OF MARYLAND

90600-07

		JN23		Tomas e	
90	444, 1308				9444
at diegra Oley	*			bee.	TIE.
i midal		July Jurum	us2mi	01011	
2620 Miles Avanue	*	enonia	all	- Thunks	1371
	inis Fari			initi . unit	o.T.
male d'of impo		1068 30 9	en.		0.6
	To Francisco				
	-14,401,				

, arciso .

. De la company de la company

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) ESTI-J. DEATH MATED SSARY, PLEASE ALDIRECTOR. R YOUR FILES. AIN 72 HOURS William Steen & AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 2:07P 36YRS 10 Male. Black DEAD 1979 FUNERAL DII 5 FOR YOU 5 WITHIN 72 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED FOREIGN COUNTRY! Baltimore City. U. S. A. WIDOWED -DIVORCED Tenn. FILED, V 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 3600 Pulaski Highway-Holiday Inn Baltimore City SHOULD BE RECORDS, 3 JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS North Ave. Md. 136 COUNTY YES PO NO [ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE DIVISION OF VITA MIDDLE Lillian Porter Steen 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Memphis, Manassas LYES NO OR LINKNOWN) 410-68-1028 Lillian Steen 374 N. Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INER ALONG WANSIT PERMIT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ITEM Asphyxia IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Ligature stangulation gave rise to immediate A BURIAL-TRA cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION USED 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ORWARDED TO THE CHIE R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF 1 , 21201 PRIOR TO BURIAL, C. OF YES V NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR MEDICAL 22 10 79 4 subject strangled CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK MD hote1 3600 Pulaski Highway Balto. ed phave, held an Inspection Inquiry and in my opinion 22a. I certify that I taok charge of ARYLAND, Homicide X. Undetermined monner death resulted fram: DIRECT TITLE (SPECIFY) 4/23/79 TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA M. DeputyChief MEDICAL EXAMINER 111 Penn St. Thomas D. Smith, M.D. EXAMINER'S NAME Balto. MD (TYPE OR PRINT) 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Tenn. Memphis. Church Cemetery Burial 24. FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5))

15M 7/76

STATE OF MARYLAND

POSCE-es Cara de la composición del composición de la composición Antrimore at 1740 w. South Ave. but item lällism Porter 4:0-61-1026 Lillian Seem 37% N. Manaasa 38. Tean.

STATE OF MARYLAND 79-09310 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH 2b. HOUR MONTH I. DECEASED NAME (TYPE OR PRINT) 8 79 Steeves . CU/t Donald M IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX MONTHS DAYS HOURS YEAR 61 17 White Male BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Baltimore City USA Canada WIDOWED DIVORCED [ 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 10. CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CountyCarCo. Mechanic Baltimore City Hospital Baltimore USUAL RESIDENCE (IF NURSING MOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 136. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS filled ould b 1705 Drexel Road YES [ NO TE Baltimore Dundalk Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 20 LAST MIDDLE Nickerson MIDDLE ond ? Elizabeth Steeves Ora ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1705 Drexel Road 216-07-5592 Naomi R. Steeves WW Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lyne for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (5 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO T YES 🗌 NO YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY HI. LOCATION 71d. INJURY OCCURRED 3 6 0 COUNTY STATE ASHORN SCHREET, PACTORY, OFFICE FARM, ETC.) 23s I certify that (i) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated gw the decapsed-blive on 271: DATE SIGNED 77h SIGNATURE DECIREE STAFF MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 27s ADDRESS 274 PHYSICIAN'S NAME (THE OFFINIT) ld b shoul 0 23d. LOCATION 231, NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE Baltimore Md. Gardens of Faith Overlea BP Burial 24. FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4) ) 9/74 Lassahn Funeral Home 7401 Belair Road

01023-21 10.23 Transfer of Windows at the words and the state of the contract of the co ham Ingred COT: 2 2 Live or organization breating Thank In water the transfer of the season of the state of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) EDWARD Stehle Ernest 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX 5. DATE OF BIRTH HOURS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Baltimore City USA WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!
Provident Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) MOUSTRY potit Baltimore W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore YESALA 5517 Stoneington Rd Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 FIRST MIDDLE LAST FIRST MIDDLE Mead William F. Stehle Ellen ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Poges (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Baltimore, 27275 Helen Toth APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 EART DISEASC, PROHYTHMENS Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO DIVISION OF VITAL RECORDS, CERTIFICATION prior 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows NO | NO YES [ iol-tronsit and Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION orked or 21d. INJURY OCCURRED 21e PLACE OF INJURY ā CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hoppital) attended the deceased from 17 sow the deceosed olive on , and that in (my) (accorpinion death occurred on the date and hour and from the causes stated obove, (1) (warrand) (did not) view the body ofter death If Hem 22b. SIGNATURE DEGREE PAR DATE SIGNED ATTENDING MEDICAL STAFF should be detoo PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME FOR DEPEN 22e. ADDRESS CURTIS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION Balto (SPECIFY) Maryland St. Charles Cemetery resville buria. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Frank H. Newell. Piksbille, nc.

11897-93

uff desa

M

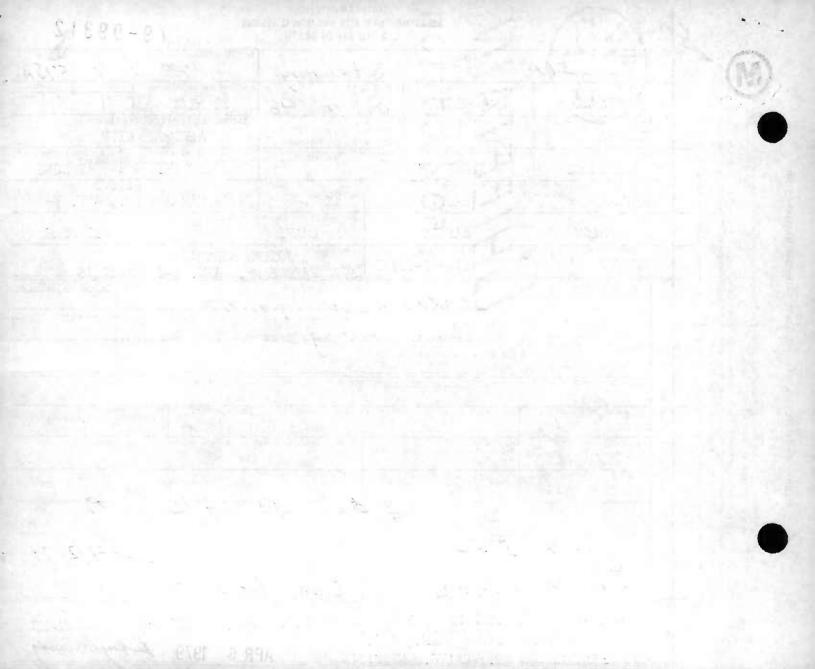
fatty or

New Street

--11

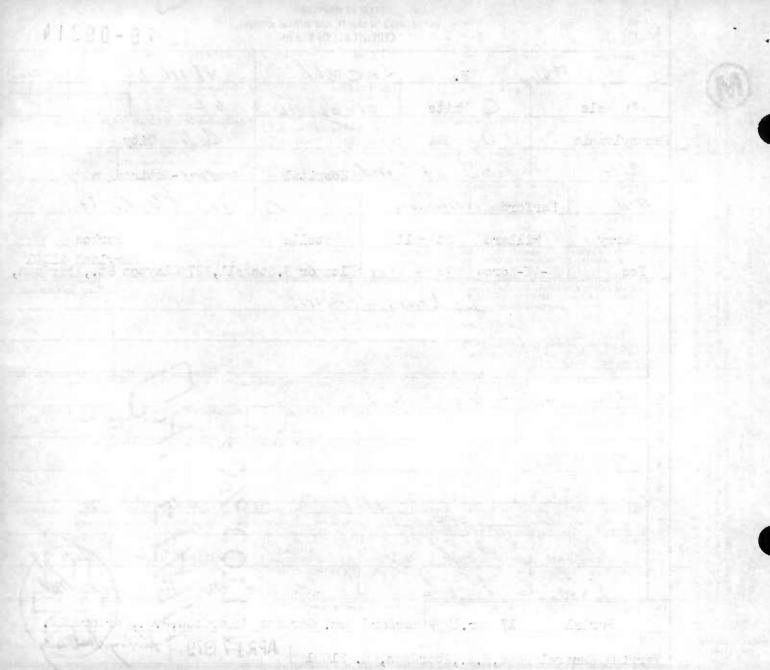
The Table 1977 And the State of the State of

r



		12.7	A-Ads 11-	
The second second		- Stines		
				bhairean
gan and and and second			10002	Openities:
witte prive	is a second	Tradecion	Seederach	annigra:
	Seat B	90/829	clfston	
Mit, Reisters care, Maint	Territory eller erritor	512m0tm1.0d	enan .	on
	BUNDER S			
	ed to Ar its			
1024) - 1024) - 1024)				
1024) - 1024) - 1024)				
1024) - 1024) - 1024)				

		-1					STATE	OF MARYL	AND				
-	24		FOR STATE			DEPAR		EALTH AND	MENTAL HYGIE	NE		79-193	3   4
6.3			REGISTRAR			4					REG. NO.	13 000	
			DECEASED NAM	AE FIRST		MIDDLE	0	AST	//	20. DATE OF DE	JIH MO	ONTH DAY YEAR	2b HOUR
	(Ba)	L	14 X 15	1600	1/	E.		esal,		4/	141	79	11:50 AM
-/	(MAI)	3	SEX		4. RACE		5. DATE O		YEAR	. AGE IIN YEARS	LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
	6 9 5		m Ma	ale		White	04	26	16	62		YRS.	37 7.2
	Por login	1017	BIRTHPLACE (	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER	MARRIED -	BALTIMORE	CITY OR	COUNTY OF DEATH	
	unero hin 72	5 P	ennsylva	mia	U.	L USA	WIDOWE		NORCED	Ea.	14.	City	MD.
		201	CITY OR TOWN	OF DEATH		HOSPITAL, NURS		R OTHER INS		12a USUAL OCC			OF BUSINESS OR
	by the filled with	78	B. 1+		Uni	A	mel	Hospi		WEGFOR			11/
	be fe	5	SUAL RESIDENCE	E (IF NURSING NOME OF						3e STREET ADD		. '	
	filled ould b	5	md		ford	Abende		YES T	NO D	727	KESS (	Gutan St	_
	5 74 P.	A 1	FATHER'S NAM	\E					S MAIDEN NAM	E		7.101	•
	ed withing and 2 s and 2 sexomine	2/1	Harry		illard	Stega.	17	S+	ella.	M	NODLE	Purkes	AST
	2 0- 1-	/ 1	a. WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SEC		17 INFORM			ADDRESS	S	
	n and c	2	Yes, NO OR UNK		I-Korea	173 12	1905	Elean	or B.Ste	gall 72	7 07	Maryland ayton St. A	berdeen.
	d 0.75	F						BICGIN	D.D.G.	garre 12	1 010		XIMATE INTERVAL ONSET AND DEATH
	hysi ooo ovo		PART I.	OF DEATH (Enter or DEATH WAS CAUSE		r line for (a) (b), o	and (C).	Sep.	Cic			BETWEEN	ONSET AND DEATH
	eve eve		200	IMMEDIA	TE CAUSE (0)	Leok C	1/4,	7.	477				
	e deoth ce ottending nove corb ration, ar r		108	9	DUE TO, C	OR AS A CONSEO	UENCE OF						
	otter nove ation rroum			, if any, which to immediate	(b)_			-					
	the re-		cause la	), stating the couse last.	DUE TO, C	OR AS A CONSEO	UENCE OF					ALC: N	
	d b d b iol,				(c)_								
200	and			HER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMIN	NAL DISEASE O	RCONDI	TION GIVEN IN PART 1	(0)
	0		ACCIDENTIFICATION PAGE OF 190 DATE OF 190	1. 17 1	tall	ere:	ileus			T		an trues livens such	1100
	d s p s	2	MIN DATE O	FOPERATION	196 CONE	DITION FOR WHIC	CH OPERATIO	N WAS PERFO	ORMED	200 AUTOPS	"	20b. IF YES, WERE FIND LIN-CERTIFYING CAUSE	
-	te ho	die	E .								0	YES 🗌	№ □
Ž	Z S S O T W	11.00	OR COLUMNIA	TIME CAUSE OF DE	110110 4	OF INJURY	DAY YEAR	21c. HOW II	NJURY OCCURRE	D JENTER NATURE	OF INJURY I	IN ITEM 18, PART 1 OR PART 2)	
	lYSICIA ding ph is certifi buriol-tr Mental or ftem	71		OTIFY MEDICAL EXAMINER		P.M.	19						
			21d. INJURY	OCCURRED		OF INJURY TREET, FACTORY, OFFICE	F FARM FTC )	211 LOCAT	ION	ÇIT	Y OR TOWN	COUNTY	STATE
S	After the se os the colth and marked		AT WORK	NOT WHILE			, /	1		15/24	1		
6	or se o		22a. I certify	y that (1) (this hasp	ital) attended t			, /	19 75	ta	7/19	19_15	, that (I) (we) last
	TTENDIN pitol or TOR: Aft for use o of Heolth		saw th	e deceased alive an (l) (we) (did) (did no	at view the had	H//4 19.	75 , on	d that in (my	y) (our) opinion de	eoth accurred o	n the date	e and haur and fram the	e couses stated
Ì	R A hos hed sept.		22b. SIGNA		A /	y diter decini.	4	DEGREE		1,00			ESIGNED
	4 00			Spell	CP	rate 1	20		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	AND 4/1	11/75
	etoined by the TO FUNERAL Ishould be deto with the State I		22d PHYSIC	CIAN'S NAME (TYPE C	OR PRINT)	0 1		22e ADDRE					
	O HOSPI etoined b TO FUNE should be with the S			1.	C. F	nulle		1	1/2	1 mi	H	so Batt	mil
	shoul with	1	2a OLIDIAL COST	G-GCV	Task DATE	1.06.4	NAMEOEC	EMETERY	CREMATORY	23d. LOCATIO	)N	) 1-411	<u> </u>
	D.D.	,	(SPECIFY)	MATION, REMOVAL						CITY OR TO	WN	D Hanfond	STATE
	BP		4. FUNERAL DIRE	urial	17 Ap	r.1979 H	ariord	riem.	Gardens			.D., Harford	
1	HMH - 16 50M 7/77 (VR A 15 (4))		NAME	CIOK		ADDRESS		0.7	APF	17197	9	Justry /	ready
	4		FTTS 0	779 . 79	77	A A Town or of		9100	- 70	7 - 7 1 1 1 1			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 7n DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) FLEETIE STEPTOE APRIL 30 1979 7:00 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR MONTHS DAYS HOURS Female 12 97 Black BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWEDEN DIVORCED BALTIMORE Va NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS HOPKINS HOSPITAL Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 113c CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 1016 N. Eden St Md Baltimore YES/X NO [ Sto. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 0 1 Stokes William Banks Lucinda 0 ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Benjamin Edwards 1016 N. Eden St. NO CO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and # PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Canditions, if any, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSXY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1: OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M 10 21d INJURY OCCURRED 21 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after\_death D.IREC. 22c. DATE SIGNED 22k SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS IMPORTA ld b = 0 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL CITY OF TOWN COUNTY STATE (SPECIFY) Md Baltimore Cemetery Baltimore, Burial 5/4/79 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M NAME (VRA 15, 4) 7/7B C. March F/H 1101 E. North Ave

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

and 2 sh

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			<b>DUI A</b>	CERTIF	ICATE OF D	EATH	REG. N	. 79 -	09	3   1	j
		EASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOL	JR 🛕
	(TIPE (	OR PRINT!	EDNA	M	AE	STEW	ART			04 25	79	9:	10/4
	3. SEX	100000000		4. RACE		5 DATE C			6. AGE (IN YEARS LAST BIRT		DER 1 YEAR	IF UNDER	
1	म	EMALE		WHITE		05	07	13	6	5 YRS. MONT	HS DAYS	HOURS	MIN.
	7a. BIR	RTHPLACE (STATE O	OR FOREIGN		WHAT COUNT	nv2 9			9 BALTIMORE CITY		DEATH		
		ST VIRGI	NTA	U.S.A.		WIDOWE	NEVER A	VORCED	BALTIMORE	CITY			MD.
-		Y OR TOWN OF			HOSPITAL, NUR			Oliceo []	12a USUAL OCCUPAT	ION I	2b. KIND C	OF BUSIN	
-	BA	LTIMORE		(IF NOT IN SUC	WASHING	REET ADDRESS)			PRODUCTION		STAF	FORD	
	USUA	L RESIDENCE (IF N						17V 1 11 1 17CO	13e. STREET ADDRESS	PAC	CKAGI	NG C	0.
	13a. S	RYLAND	13b COUN	IY	BALT II		13d INSIDE C	NO []	1245 WASH				
4	-	THER'S NAME			DINGLE	TORL		MAIDEN NAM	NE .		700131		
r		FIRST A C A	A	NIDDLE	LAMBE1	ידים		FRANCES	MIDDLE		T	ANDI	S
4	In W	ASA AS DECEASED EV	FRINUS ARA	AED FORCES?	16b SOCIALS		17 INFORMA		ADDR	ESS		1230	
		ES, NO OR UNKNOWN)		WAR OR DATES					T/ADD 10/F	TIA CILTRI			
	_	NO			213-2	2-2901	GEORGE	E B. STI	WART, 1245	WASHING			
		18. CAUSE OF DE	ATH (Enter onl	y one cause per	line far (a), (b)	, and (c).1	4	20		-	BETWEEN	ONSET AN	DDEATH
ij				E CAUSE (a)	Myc	rana	ial	mea	ulun			VM	un
		250	^	DUE TO, O	R AS A CONSE	OUENCE OF	0	1/1	10	1.7	,		
'n		Conditions, if		(b)_	arte	11020	Course	De Cl	Viscer	u	_/4	yes	Com
ď	113	gove rise ta couse (a), st		DUE TO O	R AS A CONSE	QUENCE OF	5			37-16		1	
à		underlying co	use fost	(c)_	1241	ulute	w M	relle	eless		6	1100	un
	<b>S</b>	PART 2 OTHER S	IGNIFICANT	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE OR CON	DITION GIVEN	N PART 1	a	7777
	NO N												
-	CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFC	RMED	20a AUTOPSY?	20b. IF YES, WI			
1	E								YES NO	YES [		NO [	
	E	21a. ACCIDENT WAS	UNDERLYING	21b. TIME C			21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	ORPART 2)		Total Marie
1		OR CONTRIBUTING					100						
	MEDICAL	21d. INJURY OCC			.M. OF INJURY	19	21f. LOCATIO	ON					
	WE		T WHILE		REET, FACTORY, OFF	ICE, FARM, ETC.]	STREET		CITY OR TO	WN (	COUNTY	\$	STATE
						01	120	10	10/1	C 10	70		
	30	220 1 certify that	eased alive on.	oll offended to	24 deceased from	7011	nd that in (my)	/aur) opinion o	leath occurred on the d	ate and have an		that (1)	,
		obove, (I) (w	e) (did) (did no	view the body	alfer death.	7		opinion c	really occurred on the d	are and naor an			
		Jali	n.P.	lule	ch SA	7		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	27/	59
1		WE HAYSICIAN'S	NAME (THE C	CPRINT):	V		22e. ADDRES	S			11		1
		JOHN I	. URLO	CK, M.D			1227	WASHING	GTON BOULEV	ARD			
		URIAL, CREMATIC	ON, REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR	CREMATORY	23d, LOCATION CITY OR TOWN	COU	INTY	S	TATE
	( )	BURTAL		04-28	-79	LOUDON	PARK CH	EMETERY	BALTIMOR	E CITY	MA	RYLA	ND

DHMH - 16 50M 7/77 (VR A 15 (4))

morked or Item 18 shows any

IMPORTANT: If Item 21 is

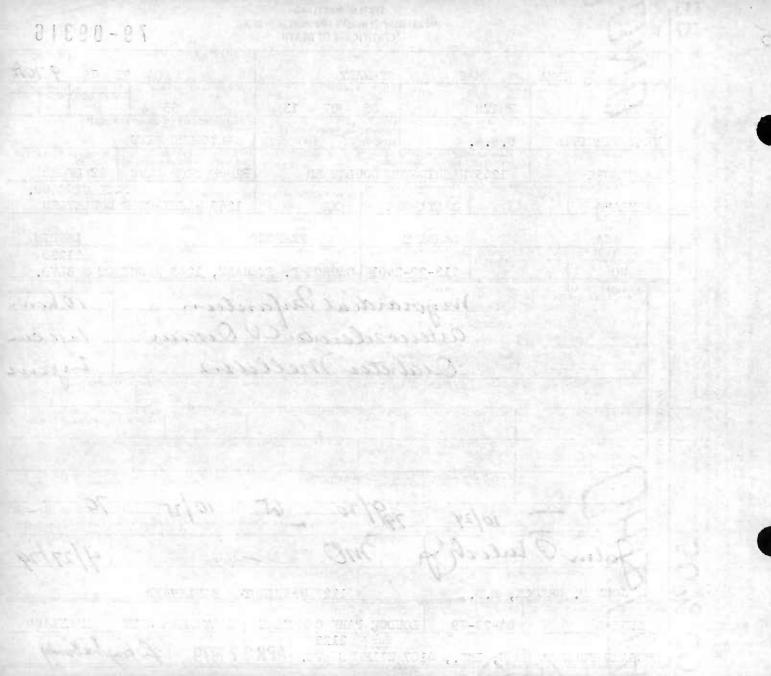
TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permi with the State Dept. of Health and Mental Hygiene pri retained by the haspital or attending physici

> 24. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

LOUDON PARK CEMETERY 21229

BALTIMORE CITY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 2 7 1979



71830-37

DHMH - 16 50M 7/77 (VR A 15 (4))

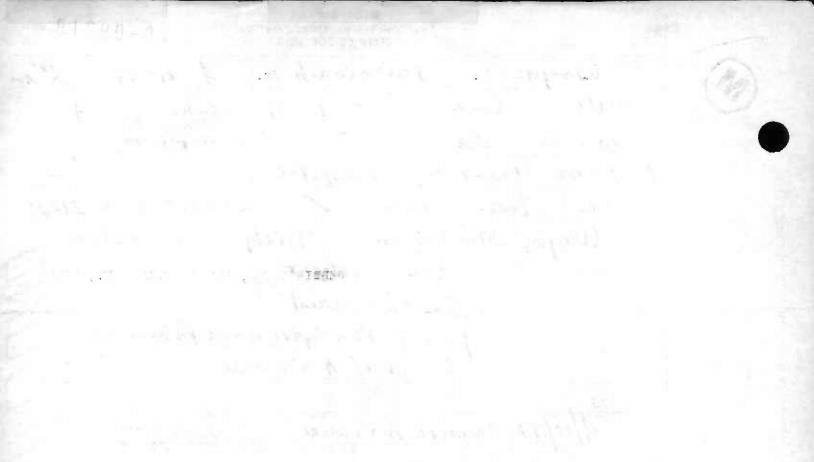
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09318

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH		7 9 G. NO.	-09	3 1	8	
		CEASED NAME FIRST	MID	DLE	1	AST	20. DATE OF DEA		DAY YEA	R 7	b HOUR	_
		ARTHU	R (	3	STI	DHAM		4	27	79	5:45	Рм
	3. SE	MALE	1 RACE WHITE	2	5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY			HOURS MI	_
3	C	RTHPLACE (STATE OR FOREIGN DUNTRY) ENTUCKY	76. CITIZEN OF WE		MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE C	ITY <u>OR</u> COUN		н		MD.
3		BALTIMORE	(IF NOT IN SUCH F.	SPITAL, NURSING ACILITY, GIVE STREET ALL TIMORE,	DDRESS)	LAND	120 USUAL OCCU (TYPE OF WORK FOR A Machinis	AOST OF WORKING	SLIFE) 125 KIN INDUS Shi	TRBe	th.St	or eel
35	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP ARYLAND		RECEIVE DEFORE A	1	13d INSIDE CITY LIMITS?	13e STREET ADDR 2217 BC	ESS OYER ST		123		
20	14. FA	THER'S NAME WILLIAM	MIDDLE	STIDHAM		ANNA MAY	ME	OLE	FRALL	LAST EY		
1	15		MED FORCES? 16 WAR OR DATES) WII	278 18		17 INFORMANT Arthur C.Sti	dham,Jr.	45 Gle Aprt. C	nwood <sub>2</sub>	Roa 122	d	
1	ATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR A		YE OF	NOT RELATED TO THE TERM	INAL DISEASE OR		GIVEN IN PAR	100	GS USED.	
	CERTIFICATION	Edmired Heat	1995		3.41		YES NO	IN CER	TIFYING CAU	ISES O		
9	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF II HOUR A.M. P.M.	MONTH DAY	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE Ø	F INJÜRY IN ITEM 1	B, PART 1 OR PART	2)		
	MEDI	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	INJURY , FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET	CITY	OR TOWN	COUNTY		STATE	
		276. I certify that X (this haspi saw the deceased always above, X (We) (did) 2776. SIGNATURE		27 19	79_, ar	20 19 79  Indication (X) (aur) apinion (DEGREE  ATTENDING PHYSICIAN	, ta APRI death occurred an  MEDICAL DIRECTOR   PI	the date and h				last
1		220 RHYSICIAN'S NAME (TYPE)	PLS A	UM	M	1220 ADDRESS LAL				-		
	23u. 8	Burial  Burial	236 DATE 4-30-79			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Balti	more Co	county,	Mar	yland	== i
/		uzdzinski Funer	al Home	PA 1407	01d E	Eastern Ave API	REC'D. BY REGIST 3 0 1979					

17 79 514		напо	378		NUMBERA	
		20 - 21		5000000		MIAI
		The American		. 8. 6. 9		Appropries
. jt ;	ec nist	maa	MAH , MA	i i	CAV	tomerrazan
	2217 BOYES 61		SERONO	4/3		CITYTEMPR
	7					MATUELL
T		is a new in	FF05-07	250	YETT	
	9.0	and posts				



12		1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
	n 4		CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH MO		25 HOUR
y be	poge 3			MARIE				KSDALE		20, 1979	/
ge 4 moy	s ofter	3. SE	x FEMALE		RACE WHITE		DEC.		6. AGE JIN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MIN.
000	O O	7a. B	IRTHPLACE STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR		
oth.	Se on Se	MA	RYLAND		US	SA	WIDOWE	DI NEVER MARRIED L	BALTIMORE C	ITY	MI
op Ja	fune fune	10. C	ITY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURSIN	NG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND	OF BUSINESS OF
offe o	OC HE ENTE		BALTIMORE	112		COLDS PR		. APT. 109	SECRETARY		ICAL
ND 2120	filted in bould be fi		AL RESIDENCE (IF NURS	136 COUN	THER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 100 W. COLD	ASTRICT AND	2
LAN Jun 2	tely fill 2 shou iner m	14 E	MD.			BALTIM	URE	YES NO		SINING LAN.	E.
ARY	nd 2		FIRST		IDDLE	LAST		FIRST	MIDDLE	SINDA	ST T
oted uted	e	140.	WEBSTER WAS DECEASED EVER		COX	RICHARDS	IDITY NO	EDITH 17 INFORMANT	ADDRESS		بابا
OR	Poges medico		YES, NO OR UNKNOWN)		WAR OR DATES)						0.2
P P	icron c iers. Po il.		NO			220-30-5	935	RAYMOND W. T.	ILLMAN 320 JU		CIMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours otherwisin absence to	by the ottending ose remove corb il, cremotion, or r other troumotic		Conditions, if ony gave rise to improve (a), statis underlying cause	mediate ng the	(b)	DR AS A CONSEQUE	CUL	90			
DS, 20 quires 1	signed hen ple to buric njury, or	Z	PART 2. OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1	101
I RECOR	hos been t permit. I ene prior ows ony ir	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		106 IF YES, WERE FIND MCERTIFYING CAUSE YES	
OF VITA	certificate unal-transitiental Hygi ltem 18 sh	,	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE AT	n	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJURY II	N ITEM 18, PART I OR PART 2)	
VISION OF	the bu	MEDICAL	21d. INJURY OCCUR	RED THILE TO	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVI ATTENDING	CTOR: After d for use os i t. of Health m 21 is mark	~	220.1 certify that (1) sow the deceas above, (1) (we) (	ed alive on_	4-10	19_		, 19 75 and that in (my) (aur) opinion		and have and from the	that (I) (we) los causes stated
PITAL OR	JERAL DIRECTOR Store Detroit Hem		226. SIGNATURE	AME ITYPE OR	PRINT)	Colo	N)	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	MEDICAL STAFF	11-	-23-79
O HOS	TO FUNERAL should be det with the Stote	726	MITTAL CREMATION	n L	123h DATE	hen 1	no	201 E C	Chiversity 123d LOCATION	Kwy.	

23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEM.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL BURIAL

MITCHELL WIEDEFELD HOME 6500 YORK RD.

23b. DATE

APR. 24,1979

23d. LOCATION
CITY OF TOWN
WOODLAWN

BALTIMORE MD.

STATE

		Tation Contents	OTH		BLAME!
	7.0	10, 1899		JT (9)	D. Farith
					ALC: A ST
isprum.			1 STARLED	Į. Į.	
	DLESP on Dud i		SIGHE I		EZ EZ E GEL
	111 ( 320 July				

18-08321 arrantito in oth abligate" nytaligate" 6/10/70 - Shares - Coles. W. James A. Perton & sone 1701 Laurens St. 1 - 1907

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 0. DATE KNOWN X MONTH 2b. HOUR TYPE OR PRINT! ESTI-DEATH MATED ELEANOR STOKES 24 19 79 & AGE (INYEARS IF UNDER 1 YR 29 1040 4 RACE DATE OF BIRTH IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD female black 19 79 16-35 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH Baltimore Bowley Lanes Apt. 4C WIFE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 INSIDE CITY LIMITS? 13e. STREET ADDRESS IMOVE 14 FATHER'S NAME MIDDLE MIDDLE SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NQ, OR UNKNOWN) LIF YES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cirrhosis of the liver IMMEDIATE CAUSE (g). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES T BURIAL 71g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held on Inspection ond in my opinion death resulted fram: Accident Hamicide Undetermined manner DIRECT TITLE (SPECIFY) **ACTUAL** DATE 4/25/79 Assistant TO FUNERAL DAFTER DEATH, BALTIMORE, M. SIGNATURE SIGNED JAnn M. Dixon, M.D. EXAMINER'S MAME 111 Penn Street TYPE OR PRINT AFISMS **DHMH-17** (VR A15 ME (51) 15M 7/76

226-0-625

idinatalan.

C. March F/H 1101 E. North Ave

79-09123

## I. DECEASED NAME LLIZABETH 3 SEX FEMALE 70. BIRTHPLACE ISTATE OR FOREIGN MARYLAND 10 CITY OR TOWN OF DEATH BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY MARYLAND 14. FATHER'S NAME FIRST MIDDLE JACOB 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse CERTIFICATION ACCIDENT WAS UNDERLYING 80 OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE 22a. | certify that (I) (this be sow the deceased alive on MPORTANT. 27d PHYSICIAN'S NAME (TYPE OR PRINT) should by RAYMOND N. CAPLAN. M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL

DHMH - 16 50M 7/77 (VR A 15 (4)) - STATE

REGISTRAR

STATE OF MARYLAND 9-09324 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH AGE (IN YEARS LAST BIRTHDAY) MON. 1899 MONTHS DAYS WHITE BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWEDXX DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOUSEWIFE SINAI HOSPITAL 7121 PARK HTS. AV E. #21215 BALTIMORE MIDDLE CELLIE SOLINS JNENDUN 17 INFORMANT HERBERT STOLLERESS 166 SOCIAL SECURITY NO NEW YORK. NY 10005 100 WALL ST. . RM. 1500 212-28-6042 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) attended the deceased from and that in (my) (and opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING 7 MEDICAL 22e. ADDRESS BELVEDERE AVE. BALTO. MD 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY APR.5.1979 MARYLAND ARLINGTON (CHIZUK AMUND) BALTIMORE

24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO., MD 21215

APR 6 1979

4 2 8 6 6 - 8 ctors runnin despute automatical parts and to F117 6 1186/1 1872 1871 1872 1879 1879

	STATE OF MAR
100	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09325

REGISTRAR		CERTIFICATE OF DE	REG	. NO.	CONTRACTOR N
I. DECEASED NAME FIRST (TYPE OR PRINT) PAULIN	E M ST	RICLAND	20 DATE OF DEATH		79 26. HOUR 3.00p
3. SEX Female	4. RACE White	5. DATE OF BIRTH  MONTH  6/21/ 192	2 YEAR 6 AGE (IN YEARS LAST	MONTHS	R 1 YEAR IF UNDER 24 H
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Illinois	76 CITIZEN OF WHAT COUNTY $U.S.A.$	MARRIED LI NEVER MA		Y OR COUNTY OF DE LMORECITY	ATH
BALTIMORE	UNION WEWORIA	ISING HOME OR OTHER INSTIT	UTION 120. USUAL OCCUP (TYPE OF WORK FOR MO State 0	ation 12b. stof working life) IND f Mary Land	KIND OF BUSINESS SUSTRY
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland Balt	or other institution, give residence bi inty o. City Balto	OWN 134 INSIDE CITY		ss nkford Ave:	nue 21206
14 FATHER'S NAME FIRST Benjan			sile. MIDDI		Grady
	rmed forces? 166 social s ve war or dates) ne 217-12-		Mrs. Edneidæ¤ lville Road Sy	kesville, l	Md. 21784  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART 2. OTHER SIGNIFIC ANT  PART 2. OTHER SIGNIFIC ANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING			O THE TERMINAL DISEASE OR C	20b. IF YES, WERE	PART I(o)  E FINDINGS USED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF E  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  AT WORK NOT WHEE  AT WORK  220.1 certify that (1) (this has sow the deceased alive a above (1) we (idid) (idid)  22b. SIG 11 FE	EATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION STREET  M	City of 19 7 9 , to PMM. our) opinion death occurred on the	ETOWN COU	JINTY STATE
JOSEPH CAMA					
		22e ADDRESS UNIC	ON MEMORIAL HOS	PITAL	
230. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial 24 FUNERAL DIRECTOR LOYI	M.D 1236. DATE 4/25/79	UNIC 36. NAME OF CEMETERY OR CR Lorraine Park (	EMATORY 23d. LOCATION CITY OF TOWN  Temetery Woodlo	country Balti	more MD

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	04 21	CHILL	Sin's	PALITAC
		<u>.</u>		
Y	PALIE CI			
	again to sense by	i, sith	Hamiltonia tolin	WONTE SANS
	Sestainer State			
		salding of the		
	ent and and and			
	$\times$			
0.7	re my	6//3-/		
	Service Constitution of the Constitution of th			

Den 17

STATE OF MARYLAND

FOR - STATE

must be natified at once.

medical examiner

marked or Item 18 shaws any injury, or ather traumatic

IMPORTANT: If Hem 21 is

DHMH - 16 50M 7/77 (VR A 15 (4))

ST	A	E	OF	MA	RYL	AND
 	-					

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-09327

2.	500	REGISTRAR			CERTII	TCATE OF DEATH		REG. NO	).			
		CEASED NAME FIRST		MIDDLE	1	AST	2a. DATE	OF DEATH A	AONTH DAT	YEAR	26. HOUR	
	(Tere	HELE	N	M.	SI	ULL	Ar	oril 1	1, 197	79	9A.	M
	3. SEX	X	4. RACE		5. DATE C		6 AGE	IN YEARS LAST BIRTH		UNDER I YEAR		HRS MIN
	Fe	emale	Cauca	sian	Nov		78	3	YRS.	WINS DATS	I I CORS	
	7a. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE MARRIE	D NEVER MARRIED	9 BALTI	MORE CITY OF	COUNTYO	FDEATH		
5	Ma	aryland	U.S.A		WIDOWE	DIVORCED		altimo		ty,		MD.
F		TY OR TOWN OF DEATH	(JE NOT IN SI	CHEACILITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		AL OCCUPATION OF FOR MOST OF		126. KIND C INDUSTRY	OF BUSINESS	SOR
0		altimore	3404	Ravenwoo	od Av	enue	La	undry			and I	Lau
2	13a S	AL RESIDENCE (IF NURSING HO) STATE Aryland	AE OR OTHER INSTITUTION OUNTY	Baltime	VN	YES NO	34	et address +04 Rat	venwo	od Av	e.21	213
0	14. FA	THER'S NAME FIRST FRANK Ces	MIDDLE ka	LAST		15. MOTHER'S MAIDEN NA	me Trcka	MIDDLE		LAS	ST	
	16a. W	VAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT		385	5 Jog	Road		
	No	(IF YES	_	215-22-	-3680	Bernice Goo	dwin	(dgtr	Laker	worth	. Fla	
		18 CAUSE OF DEATH (Enter		er line for (a), (b), ar	nd (c). I	5 5				BETWEEN	ONSET AND DE	EATH
	28		DIATE CAUSE (a)	9	nyoc	ardial upon	ectri.	r		1	da	
		410-	DUE TO, O	OR AS A CONSEOU	ENCE OF			21.5				
	161	Conditions, if any, which			agate	rrio releva	un l	0,0.0		10	gr	
		couse (a), stating the	DUE TO	OR AS A CONSEQU	ENCE OF							
		underlying couse lost	(c)_									
	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISE	ASE OR COND	ITION GIVEN	IN PART 1	01	
	CERTIFICATION	190. DATE OF OPERATION	19h CON	DITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20n A	UTOPSY?	20b. IF YES, V	WERE FIND!	NGS LISED	
>	FIC.	THE DATE OF CHATTON	178. CO14	on or you write	~	THE TENTONINED	YES	- 6	IN CERTIFYII	NG CAUSES		?
2	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY OCCUR					- 100	
10		OR CONTRIBUTING CAUSE O	F DEATH HOUR									
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE	OF INJURY	19	211. LOCATION						
	ME	WHILE AT WORK AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	N	COUNTY	STAT	E
	-50	22a 1 certify that (1) (this h	ospital) attended t	he deceased from	2	mar 19 76	to	aprile		79	that (I) (we	e) lost
	13	sow the deceased aliv above, (1) (we) (did) (di	e on 4	-//	79,0	that in (my) (aur) apinion	death acci	urred on the do	te and hour a	and from the	couses state	ed
		22b. SIGNATURE	a nor view me ood	y offer deom.		DEGREE			340	22c DATE	SIGNED	
		Thelene	as 0/20	ous	gui	ATTENDING PHYSICIAN	MEDIC	AL STAF	F IAN 🗌	4	-13-7	9
		224 PHYSICIAN'S NAME (T	YPE OR PRINT)	1/		22e. ADDRESS			6.811			
		Dr. J.Due	r Moore	s, M.D.		3105 Bela	ir F	load			160	
	230. B	BURIAL, CREMATION, REMO	VAL 23b. DATE			EMETERY OR CREMATORY	23d LC	OCATION ITY ORTOWN	CC	YINUC	SIATE	,
	I	Burial		/79 H		edeemer Cem		Baltimo				d.
		Pehinonek F	uneral	AGRESS 3.	1 Bre	hms Lan 250 DAT 1.21213 A		11 4070	75b, RECOURTR	R'S SIGNAT	TURE	
		Home, Inc.		BaT.	CO.MC	1. ZIZI3   A	PRI	6 19/9	7	7	The stay	

13880-81



THE STREET STREET

C. March F/H 1101 E. North Ave.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

79-09329

IF UNDER 1 YEAR

INDUSTRY

Rice

COUNTY

DAYS

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Md.

... that (1) (we) last

22c. DATE SIGNED

REG NO

2a DATE OF DEATH

62860-61

240 A. ston Sveriens Adams 622 H. Norge Co.

The receipt the state of the second real party of the second seco

the bearing the control of the contr

vdid stominar!

onleun v

18-87 STATE OF MARYLAND 79-09330 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 26. HOUR (TYPE OR PRINT) EDWARD SULLIVAN 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR MONTHS DAYS HOURS MALE WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED X NEVER MARRIED COUNTRY) DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR I IF NOT IN SUCH SACILITY, GIVE STREET ADDRESS INDUSTRY BALTO. SAMAR (TAX 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 2888 Kentucku M. 4 FATHER'S NAME MIDDLE FIRST harlotte 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Sullivan 2888 Kentucky no 18 CAUSE OF DEATH (Enter only one couse per kne for 101, (b), and ic PART I. DEATH WAS CAUSED BY myocardi IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse io, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 any 190 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygiene NO [ NOF YES [ 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE ATWORK 220.1 certify that (1) (this hospital) attended the deceased from and that (my) (our) opinion death occurred on the date and hour and from the causes stated (did) (die not) view the body ofter deoth DEGREE ATTENDING MEDICAL STAFF MPORTANT: 22e\_ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) ld b 500 236. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY STATE A PATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 6415 Belair Rd. Miller Inc. (VR A 15 (4))

aco = a a a aco = a a a

06606-07

STATE OF MARYLAND 9-09331 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 7h HOUR TYPE OR PRINT 14 79 Edith Summerville SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS 26 52 Black 16 Female To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED - NEVER MARRIED Maryland Baltimore USA WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION HAKIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LINE Church Home Hospital Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 1054 E. Pratt St. Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Frederick Galloway Malone D. Maggie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-20-3538 Dorine Summerville 255 S. Dallas No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 0 THE DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? 0 IN CERTIFYING CAUSES OF DEATH? YES NO Mentol Hygie 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL tem LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M 19 21f LOCATION ā 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Maya 2 abave, (1) (we) (did) (did not view the bady after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated **EGREE** ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN ORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should be with the S 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION STATE 3/19/79 BP. Burial Cedar Hill Cem Anne Arundel Md 25a. DATE REC'D. BY REGISTRAL 254 RE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS 19 1979 (VR A 15 (4)) C. March F/H 1101 E. North Ave.



horizaging of the way

15.05-8

and the state of t

George J. Gonce, 4001 Ritchie Hg., Balto

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-09332

IF UNDER I YEAR

Beth.

Ventura

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SUCLATURE

22c. DATE SIGNED

DAYS

2b. HOUR

HOURS

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

Stee]

REG. NO

58888-85 - A.S. Singylyanasi A SK C'CHILLES Local dise John Marine Cagana Catherine egi na amas chene ennascu ogus re nos militar y la esa The state of the s the state of the second of the Filey's Foly Drope Car, William, Ango Arungal nd. 

1.0	REGISTRAR CEASED NAM	E FIRST		MIDDLE	IIVER 5	LAST	CATE OF	Zo. DAT	REON E KNOWN		334	AR 2	b. HOUR
	PE OR PRINT)	Rich	ard		Syl	ces		OF	H MATED		11 197		M
3. SI	x ale	4 RACE Black	5. DATE OF BIRTH	YEAR LAST RIP	THDAY) MONT		HOURS	HRS. Zc. DA PRONO DE.	UNCED	MONTH 4	11 19	79	3:15 P M
7a.	SIRTHPLACE (S	TATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8. MARR	=	VER MARRIED		IMORE CITY		NTY OF DEAT		
10 0	LITY OR TOWN	OF DEATH		PITAL, NURSING HO			DIVORCED	2a USUAL OCC					
	Baltimo		Johns	Hopkins	Hospit	al							
13a,	AL RESIDENCE STATE Md.	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	13c. CITY OR TOWN Baltin	N	13d. INSIDE CI	TY LIMITS?	3e. STREET ADD	ress <b>Tharto</b>	n Ct			
14.	ATHER'S NAM	own	MIDDLE	LAST		F	R'S MAIDEN	NAME	MIDDLE ADDRES	dg	LAST		
160.	YES, NO, OR UNKNO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	Unknow		1		Bolden			ton C	£.	
	429 Condition	ins, if ony, which ise to immediate ) stoting the <u>under</u> use lost.	TE CAUSE (a) AT DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENT	CE OF	Cardi	ovascu	lar Dis	ease				
TIFICATION	19a. DATE O	FOPERATION	19b. CONDI	DUT NOT RELATED TO THE				1 (a).			20. AUTO		NO []
MEDICAL CERTIFICATION	19a. DATE OF	F OPERATION  AL CAUSE WAS  G OR ING CAUSE OF	21b. TIME OI HOUR A.M. DEATH P.M. 21e. PLACE	TION FOR WHICH O F INJURY 1. MONTH DAY Y	PERATION V	VAS PERFOR	MED?	] (a).  [ENTER NATURE OF			YES		NO STATE

1 84 08 1 8 Unknown U.S. 1 Estatement were the descent Dia. Worksown | Mildaed Benislen 202 Treated Mit. Burg-1 4/20/79 Mr. Friedrich Com. Arond 1 Com. 2, Md. in. C. Veren T/A Litt E. Noveh Av.

a	I	tems 5,6 g530 L	+/9/79 g			OF MARYLAND				
7		STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	REG. N			
er deoth		CEASED NAME FIRST ANDREW	PETI	ER SZ	ZAMSKI	ast C	20 DATE OF DEATH	4 01		1:AM
rs affer d	3. SE	MALE	4 RACE WHI	re	1 DATE C	OF BIRTH 26	6. AGE (IN YEARS LAST BIR			NDER 24 HRS
35	(	IRTHPLACE (STATE OR FOREIGN OUNTRY)  ARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF BALTIMORE	_	EATH	
Solified of 3		BALTIMORE		HOSPITAL, NURSIN		CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Candy Make	OF WORKING LIFE) IN	Ib. KIND OF BUS NDUSTRY	SINESSO
must be	130	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION	BALTIMOK	ADMISSION)	13d. INSIDE CITY LIMITS?	13. SIREEI ADDRESS 1517 GREE	NDALE RD	. 21218	3
exominer	14. F	ATHER'S NAME Peter Peter	MIDDLE	Szamsk	i	is mother's maiden na Josephi			LAST	
event, the medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI YES	RMED FORCES? VE WAR OR DATES)	218 09 8		Mary M. Sza	mski Sam			
ne prior to buriot, cremation, or i ws ony injury, or other troumatic	CERTIFICATION	gave rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, WE		USED DEATH?
Item 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETIHER, NOTIFY MEDICAL EXAMINE	PWILL	DF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU	YES 🗌	NC	
marked ar 11	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE AT WORK	(AT HOME, ST	OF INJURY FREET, FACTORY, OFFICE, F		3900 LOCH RA	VEN BLVD.	BALTO.,	MD. 212	218 <sup>TE</sup>
21 is	TX.	220.1 certify that 🎉 (this has sow the deceased alive a above, 👫 (we) (did) that	4-01 bit view the body	he deceased from 19 y ofter death.		nd that in (ms) (our) opinion		ote and hour and		
NT: # Hem		226 SIGNATURE  CHOOL  224 BHYSICIAN'S NIAME THE	RFau	Okrei	m	ATTENDING PHYSICIAN [	MEDICAL STA	FF \/	221. DATE SIGN	29
IMPORTANT: IF			R, KER		2	Lahraven	ctions Ae	in He	potel	
	_	burial, cremation, remova specify) Burial	Apr.	1		EMETERY OR CREMATORY Rosary		altimore,		and
/77	24 F	uneral director Leonard J.	Ruck,	Inc. ADDRESS Bal	ltimor	re,Md.	APR 4 1979	25b. REGISTRAR'S	SIGNATURE	eady

12 70 -12:				DISTANCE	Name of the last		RDIA
	6 7	7	je.	42	HYIM		82.21
Ψ	BYLEEDING, GI				./.3.1	J	CAAEPRAN
			99370	Santan.	NEVER,	I,OC	FOUTTAIN
	1517 CREWING		XX.	SCHOOL	77.7.3		MARYEARD
				in diam			Peter
	ones Shin	selle , l	4500	42-7-0	212	100	. 35Y
10., ym. 21218 79					ſo-		N.
AVVA	I Com A	75 HOO	T 9008	7.5	-01	NIXX	
all A		75 HOO	1 000£	7.5	-01	XXXX di	- L

15M 7/76

STATE OF MARYLAND

TE NO. 101 OF THE T Malificone 14 119 M. Demisson St. H. Heney Heney attolic 225-11-6313 Milds Tagner 519 H. Denison St. n an Bish hington bisse engine le sen egypt English '/ Tyle described (meaning Pk. Cenopsellie, Inn. C. hard SAR 1191 F. North Ave. AFR 27 1879 Augustung

STATE OF MARYLAND 79-09337 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) reorge 3. SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAYS HOURS 1904 Male Black Unknown TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City US Maryland WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospital none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 138. COUNTY 138. COUNTY 138. TO THE PROPERTY OF THE PROPERT 13e. STREET ADDRESS Maryland Baltimore Tawes Nursing Home, Wade Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unknown Unknown Louise 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Wade Ave. . CAPPERSville, Md. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 118-62-1974M Mrs. JoAnne Archibald, Spring Grove St. Hos. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Shock IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an\_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHXSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the AMELLOUZ 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 4/19/79 Westview Mem. Park Catonsville, Balto./County Burial REGISTRAR 25b. RESTOUTE COLON 24 FUNERAL DIRECTOR 1630 Edmondson Avenue CA tonsville, Md 250 ATE 8 DHMH - 16 60M 7/73 (VR A 15 (4)) Witzke Funeral Home of Catonsville, P.A. 21228

18121-25 The state of the s William William Co.

79-09339 CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 2b. HOUR DECEASED NAME (TYPE OR PRINT) 3:43A M Charlie April 26. Taulor 1979 4 RACE DATE OF BIRTH IF LINDER LYEAR 3 SEX MONTHS DAYS MONTH Black. 1935 Male BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Maryland General Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Md. 1236 Argyle Ave. YES XX NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST EIDST MIDDLE MIDDLE Robert Taylor Lottie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Elizabeth Taylor 4318 Reisterstown 244-48-8214 Yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hepatic Coma DUE TO, OR AS A CONSEQUENCE OF Hepatic Encephalopathu if ony, which Conditions. gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT Hyg 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1979 220.1 certify that (this haspital) attended the deceased from April 25 79 to April 26 sow the deceosed olive on \_\_April\_26 obove, (IXwe) (did) XXXX view the body ofter death. 79 and that in (My) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED 22h SIGNATURE STAFF MEDICAL ATTENDING 4 uld be deta n the State I 4-26-79 PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Thomas MacPherson M.D. c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Baltimore County,, 4/30/79 King Memorial Pk. Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 C. March F/H 1101 E. North Ave. (VRA 15(4))

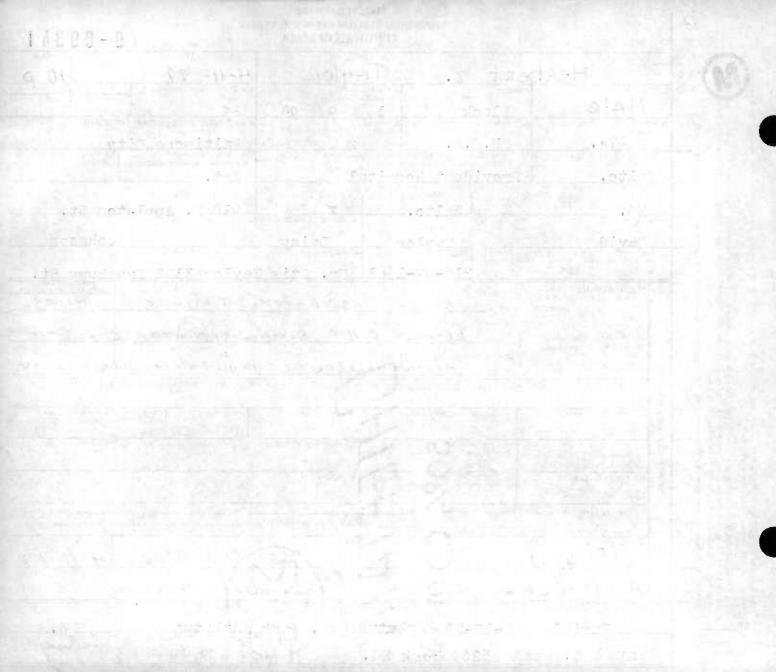
FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8615	9 - 9	Mary Art State of the State of		
ENS.	April 26, 1970	Totaler		
		1 22 L1335		nini i
	Saltdance City	1 The Control of the	.A.8.M	B. C. E
		Istiques Into	Maryland Ger	Dalbinore
	LING MENT AVE	max original	gira, Ar	. 514
		arusol - 1		Robert
9037233	Taylor 4318 7-19	doedestil Alco-9/	- 445	
		c Coma c Incontalapachu		
	X			
	April 26 79	April 25, y	as litras	
-26-79				
	inglewon transfe by	c/o Parsian	cPharaon 1.12.	
	. Maleimere Genn			
1 00	Mary Break Land	A . 197 HEEDA	. 14 4.3	i panti m.



(VR A 15 (4))

75.25	ocoi 'I in'	THENT		
	13	61 6 6	edida.	9[=
	vaid exemiates	ЖX	.A.8.U.	03.22
200	, red decreases.	te it m	ezzs, elam	HIT LINES
. is	_   622 5. Qidina 302m	n alo	mijl	114.
	A	1070	î easi	01.3
Jeoni's	orar, flich.	-9125	111-05	0

84800-PT Park I Bill Tisky Medius

4 6 6 6 6 6 4 4 EVELYUM. TO THOMAS THE STORY TO MEN OF STREET distribution of the state of th TANKS IN LUXIVAGE OF BLATIM TO ASH DICORDER A Mary Mindred and the fact of a will be

	1-	FOR STATE REGISTRAR	STATE CERTIFICATE OF PEATH								
		CEASED NAME OR PRINT)	JENN I		LYNN		IOMAS	20. DATE OF DEATH APRIL 1	7, 19	79 YEAR	26. HOUR 6: 15/
		Female		4 RACE White		S. DATE C MONTH April	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS MIN
25	Pi		Pa.	USA	what country	MARRIE		BALTI	MORE (	CITY	
political 2	10 C	ty or town of DE altimore		THE	JOHNS	HOPK I	NS HOSPIT	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) A none		12b. KIND O INDUSTRY Stud	F BUSINESS ( lent.
should be	13a. S	at residence (if hub state aryland sther's name	134. COUN	OTHER INSTITUTION, ITY MICO	130. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN	Rt. 1. Mt	. Hermo	n Manc	r
l ond 2	E	dwin  VAS DECEASED EVEL	Wilfr		Thomas		FIRST Elsive	MIDOLE LVNI ADDR		£AS:	Spicer
S. Poges		(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SEC	ORITT NO.		W. Thomas, J		her) s	AME AS
en signed by the attendir  Then please remove cort or to burial, cremotian, ar y injury, or ather troumati	NO	Conditions, if ony gove rise to im cause (a), stati underlying caus	mediote ng the e last.	(b)	RAS A CONSEQUE	JENCE OF enday, .	, (/	ente Renal Ja RAMINALDISEASE OR CON MAR July.	Soperse.	·V.	
sit permit giene pric	CERTIFICATION	190 DATE OF OPERA				H/OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYI YES		
the buriol-tron and Mental Hy ked or Item 18	MEDICAL CE	21a. ACCIDENT WAS UP OR CONTRIBUTING  (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUP WHILE NOTIVAT WORK	CAUSE OF DEA CAL EXAMINER) RRED	P., 21e. PLACE	M. MONTH (	19	216. LOCATION STREET	URRED (ENTER NATURE OF INJU		T 1 OR PART 2)	STATE
DIRECTOR: After or use of the property of Health of Health of Health of Health of them 21 is mark		22a I certify that (I	) (this hospi		4/17 19		, 17	on death occurred on the c	late and hour o		
d be detact by the State D		22d. PHYSICIAN'S N	IAME (TYPE OF	PRINT) OPKER	0.		ATTENDING PHYSICIAN 220. ADDRESS			4/17	179
		-	) / / /	Ton Burn	122.	NIAME OF C	7111111	- Internation			
Should with the Man of	(	BURIAL, CREMATION SPECIFY) Urial	, REMOVAL	23b. DATE			emetery or cremator o Memorial 1	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE

15M 7/76

3+000-07 and are finite man the same and the sam A TAMES TO A STATE OF THE PARTY Markey ETB FARM

FOR

- STATE

I. DECEASED NAME

REGISTRAR

INDUSTRY REAL ESTATE 518 MAPLE RIDGE LANE 21113 LAST NOLAN ADDRESS SAME THOMPSON WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HDS SHNJ Z DM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) 15 PNEUMONIA 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES D NO F (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNT STATE and that in (Ky) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED 4/13/79 DIRECTOR PHYSICIAN 3900 LOCH RAVEN BLVD. BALTO.MD. 21218 (SPECIFY) BURIAL STATE COUNTY MD. CHELTENHAM 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAE 5 SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/7B SINGLETON FUNERAL HOME, GLENBURNIE, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG.

MONTH

DAY

26 HOUR

12:50P

HOURS

12h, KIND OF BUSINESS OR

IF UNDER 24 HRS

79

IF UNDER 1 YEAR

2a DATE OF DEATH

14600-81

Baltimore xx 2017 Raymor Ave.

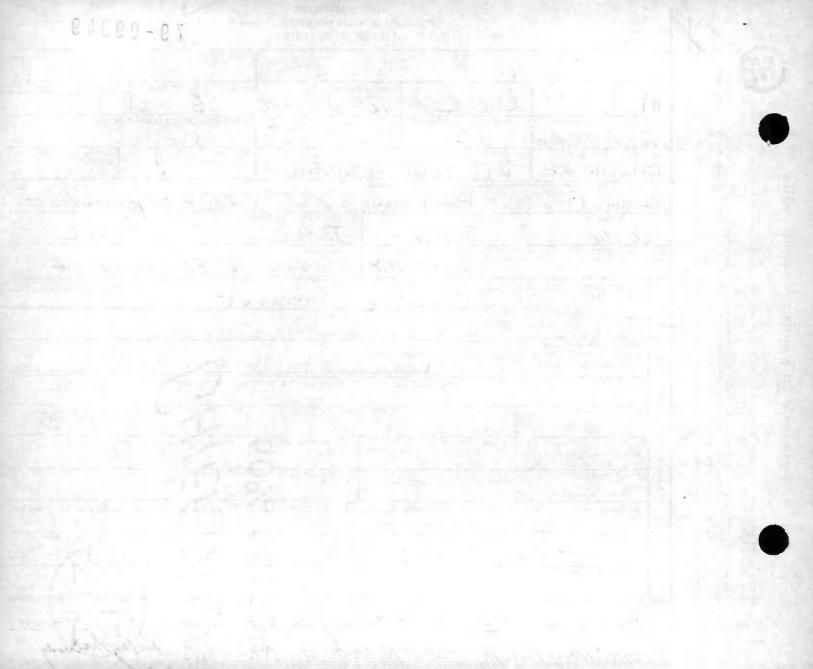
opinsment subliff

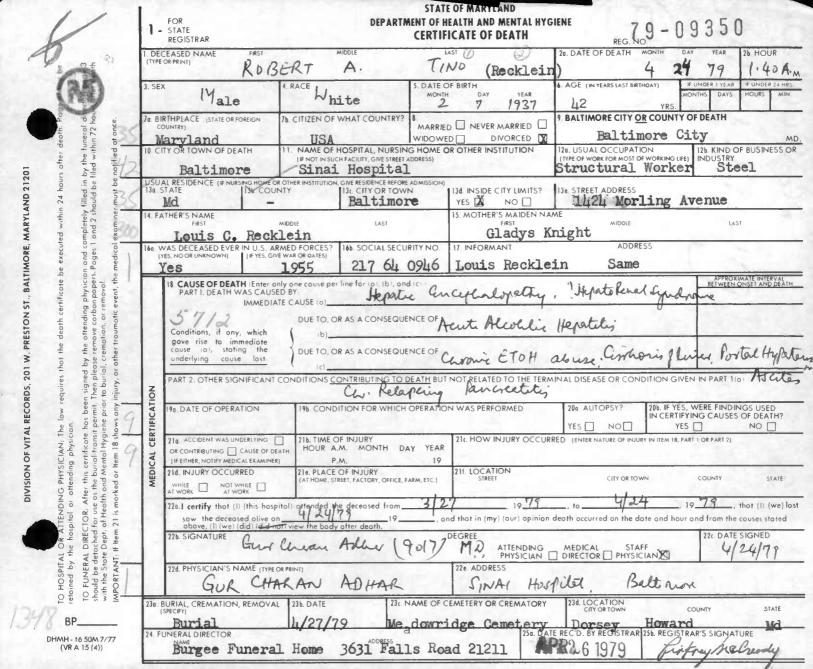
167 II 212-22-9983 Mable Tibbs 2017 Raymer Av .

Youte 1/20/79 Holtimore Centerty Deltimore,

A. C. Lerch IVE 1101 E. Borth Ave. APR-1 1932 Ja

- X	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH				
depth depth	(TYPE	EASED NAME FIRST Chay	MIOOLE	Tillery	20 DATE OF DEATH MONTH	- 19 - 79 11 PM	
Page 4 director, p hours ofter ee.	3. SEX	lale	Black	5. DATE OF BIRTH OAY 10 - 27 - 1892		MONTHS DAYS HOURS MIN.	
Jeath.		orth CAROLINA	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	MD.	
by the filled wi	3	ALTIMORE -	DOU DENI	HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TYPERIN	12b. KIND OF BUSINESS OR INDUSTRY	
LAND 212 hin 24 hou ly filled in should be	N S	Anlland	Y CITY OF TOW	NO 130 INSIDE CITY LIMITS?	130. STREET ADDRESS Edg	gemont act.	
MARY complete comin	(	Willie	TILLERY	JEANIE	WIDOLE	PINDER	
AOR exec		AS DECEASED EVER IN U.S. ARM (IF YES, GIVE W	110 OR D 1700)	2128 L-WILLAMS	2308EDGE	MORT AVE  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH	
es that the death certificated by the attending phylose remove carbon price), are more, or remover, or other transmitic even		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSTOUR	NCE OF monam O	edema me.		
ecorps	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \) NO \( \)	
ON OF VITAL RE	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		RRED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
DIVISION or ottendir After this e os the bus alth and M morked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE:	
ATTENI Spitol CTOR: I for us of He		22e.1 certify that (1)—(this hospito sow the deceased alive an above, (1) (we) (did) (did not)	4-19 - 19		death occurred on the date and	hour and from the causes stated	
The Doct		22b. SIGNATURE	evadeny	THIOGIAIT	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4.19.79.	
TO HOSPITAL retained by the TO FUNERAL should be det with the State with the State MPORTANT.		22d. PHYSICIAN'S NAME (TYPE ORF	rint}	22e. ADDRESS			
BP	(5	REMOVAL	23b. DATE 23c. N	HAME OF CEMETERY OR CREMATORY	23d. LOCATION CHYORTOWN		
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FU	NERAL DIRECTOR NAME PLINGTON S PI	hillips 121-27	N. Monrae St. AF	TE REC'D. BY REGISTRAR 236. RE	DISTRAR'S SIGNATURE	



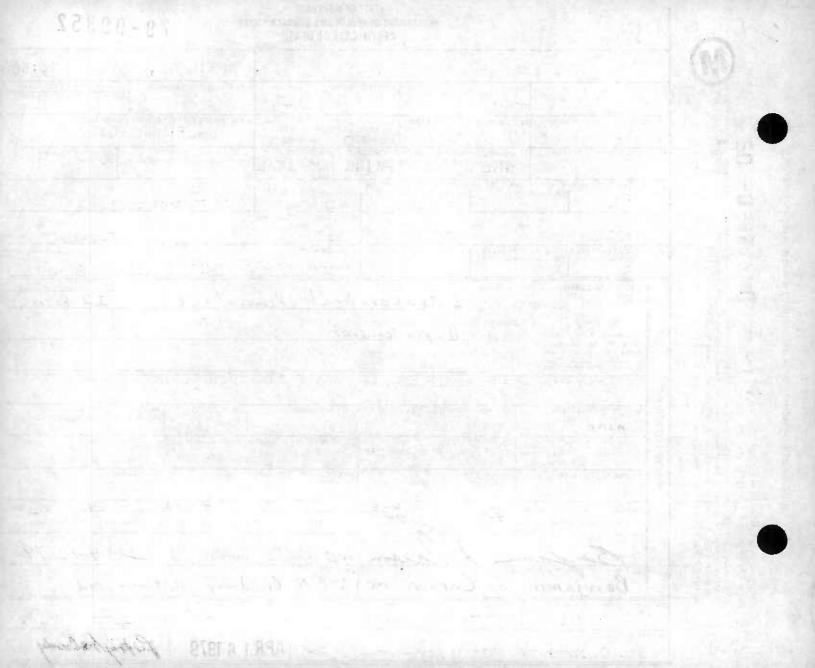


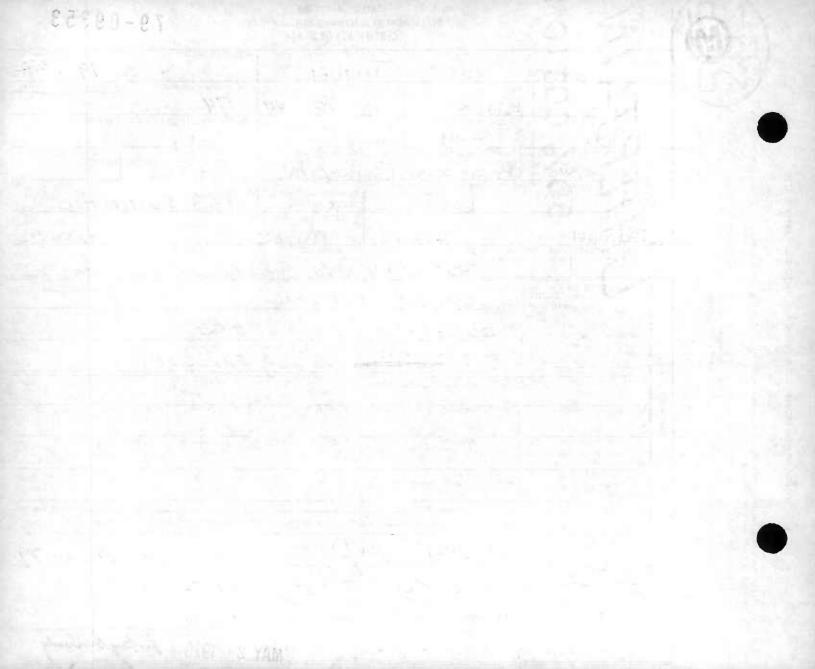
02020-0: (Index Apail) with mortified and the first of ecole Televi interpritat etanis lei MELL MOTILE AVENUE forms the in the contract of t 1955 | Ely 64 Obje temin reckiels - Same

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Barbara Toan 29 19 79 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) 19 79 June 3, 1917 Female White 61RS DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Montana Baltimore City USA DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Johns Hopkins Hospital Baltimore City Social Service Balto. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 74 Ralph Street Carroll 13a. STATE Md. - Westminster NO X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME OK WILAL Toan MIDDLE Byron Mary Scheerer 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 34 3585 Mrs. Ruth Brescoll Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY: AL EXAMINER ALONG BURIAL-TRANSIT PERMIT IMMEDIATE CAUSE (0) Cranio cerebral trauma with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES X NO [ BE 116. TIME OF INJURY HOUR XXXMONTH DAY YEAR 71g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD UNDERLYING X OR subject assaulted CONTRIBUTING CAUSE OF DEATH 5: 15 P.M. 21f. LOCATION 21e PLACE OF INJURY (ATHOME, 21d INTURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE D NOT WHILE Street 400 Blk. E. Oliver St., Balto. MD FUNERAL DIRECTOR: P TER DEATH, WITH THE ST LTIMORE, MARYLAND, 21: Autopsy Inspection 22s. I certify thist Homicide X Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL SKINATURE Deputy Chief-DICAL EXAMINER 4/30/79 O M. EXECUTE PAGE / TO FU AFTE/ BAL EXAMINER'S NAME Balto., MD/ Thomas D. Smith, M.D. 111 Penn St. 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY STATE Cremation Baltimore, Greenmount Md. 250. DATE REC'D. BY REGISTRAR Henry W. Jenkins & Sons Co. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (51) 1905 York Road Balto. Md. 15M 7/76

12200-97 ARRESTANCE - 125 June 3, 157th, ol. 167th oral saturation weather the second to noted from the last with the last the last The state of the s

STATE OF MARYLAND 79-19352 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2g DATE OF DEATH DECEASED NAME 2b HOUR TYPE OR PRINT) 12, APRIL THERESA TOLES 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS MONTHS Female Black 15 1938 BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) BALTIMORE CITY U. S. A. WIDOW DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
113c. CITY OR TOWN 13b COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 1831 N. Durham St. Md. YES X NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE Wallace Johnson Edmonds Marion In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 3413 St. Ambrose Ave. Marion Edmonds APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ntracerebra IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF len sion Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 prior 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? rone NO YES NO [ 5 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 Certify that (I) (this haspital) attended the deceased from saw the deceased glive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body ofter death Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF × FUNERAL PHYSICIAN DIRECTOR PHYSICIAN hould be devith the State MPORTANT SICIAN'S MAME (TYPE OR PRINT) 22e ADDRESS 601 S mo Droadway Baltimore, md 0 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) TITY OR TOWN Burial 4/17/79 King Memorial Park Baltimore Count Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave





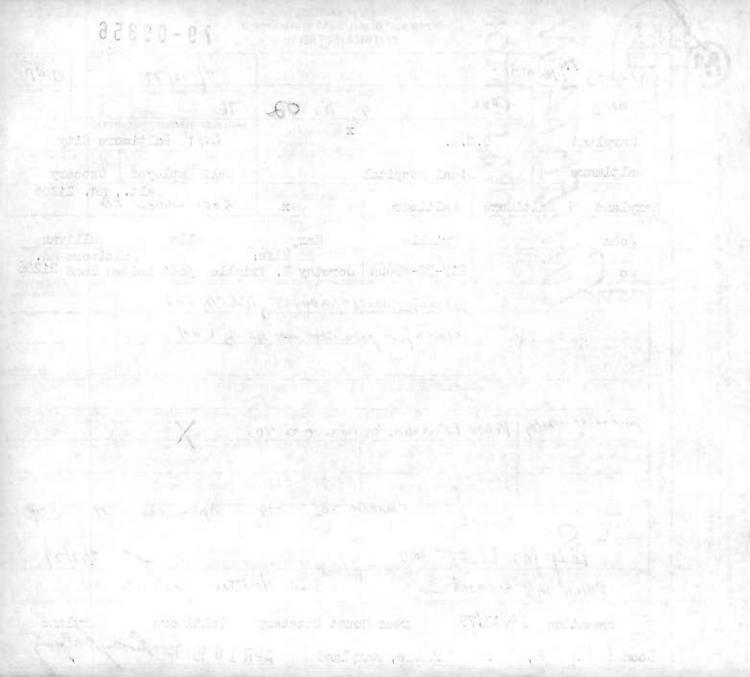
19-00354

- nily Com

. Die Lee was and the second to select a second to see a 197

4/25/79 Fine Jen W

Janes L "crtch & Soot 1701 laurene St.



BP. DHMH-16 50M 7/77 (VR A 15 (4))

may be

must be natified at ance.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the medical eraminer

## STATE OF MARYLAND

	1-	FOR STATE REGISTRAR					LTH AND MEI			7 9 -	0935	7		
		CEASED NAME OR PRINT)	FIRST I	Ridge		Tri	mble		0. DATE OF DEA	APRIL	7.1979	26 HOUR 855 PM		
Š	3. SEX	x M		4 RACE	5.	DATE OF B	28,19	YEAR OO	AGE (IN YEARS LA	78 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN		
5	C	RTHPLACE (STATE OUNTRY)  Maryl	and	76 CITIZEN OF WE	V	VIDOWED [		RCED [		NOTE CL	гy	MD.		
9		Baltimor		II. NAME OF HO	SPITAL, NURSING I	HOME OR C	ital	I NOITL	20 USUAL OCC TYPE OF WORK FOR Physic	AOST OF WORKING	12b. KIND ( INDUSTRY Medi	_		
5	13a. S	Md .	NURSING HOME O	MA/to	ve residence before ad c. CITY OR TOWN Baltimo:	re 130	MOTHER'S M	AIDEN NAMI		harles				
30	16a. V	T		MED FORCES?	Trimble  b SOCIAL SECURIT	Y NO. 17	Marga INFORMANT	ret	Emily	Jones ADDRESS	3	51		
2	()	YES, NO OR UNKNOWN	(IF YES, GIV	II 5	79-38-5	560 W	Villia	m C.	Trimbl	9	Same	(MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSE OF IMMEDIATE CAUSE (o) Carally arest arest aconstitutions, if one, which gover rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF International Constitution of the consequence of the conseque									be. ?	•		
2	CERTIFICATION	19a. DATE OF OF	SIGNIFICANT PERATION 28, 1979	i heart	ON FOR WHICH OF		WAS PERFORM		20a AUTOPSY YES NO	20b. IF	YES, WERE FINDI	NGS USED		
7	MEDICAL CER	21a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OC WHILE AT WORK	CAUSE OF DE	P.M. 21e. PLACE OF	MONTH DAY	YEĀR 19	It. HOW INJUI	RY OCCURRE		OF INJURY IN ITEM I	COUNTY	STATE		
			ceosed olive or	of the solution of the solutio	ter death. 19 7		that in (a) (a)	ENDING	oth occurred on	the date and h	hour and from the	that (t+(we) lost e couses stated ESIGNED		
		226 PHYSICIAN MICHA	1-1-	Scheer	er	12	Inin M	anoria/	Hospita	1-BAI	lto. md.			
	- (	BURIAL, CREMATI (SPECIFY) Bu <b>ria</b>	1	23b. DATE			ETERY OR CRE		23d LOCATION CITY OR TOW East	on.		ryland		
	24. F	UNERAL DIRECTO	Henr	W. Jen Rd. Ba	kins So		1212	APR	D 1979	TRAR 256 REG	ASTRAR'S SIGNA	TURE		

78-00337	
	All the taken the contract of
	SP1, 11 . cs
orinitaria no esta	
the same again to	
	Tertagram L. 1919 Lawrenchill
and the state of	of a circulate on the contract of the contract of
	tond with me we will be a second
	Land Committee of the State of
Color III and the Color III an	

19-09158 The second secon .5 CTELL A FRANCISCO CONTRACTOR OF THE PARTY OF

STATE OF MARYLAND 79-09359 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH 26. HOUR 1. DECEASED NAME (TYPE OR PRINT) Frances IE LINASE 24 MPS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNGER 1 YEAR 4. RACE 3 SEX White emale MONTH YEAR 910 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED COUNTRY more WIDOWED DIVORCED M 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR Hied (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS MOSC Dairyland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 135 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 21 090 YES [ NO M 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDOLE Lewis same as 17. INFORMANT (Daughter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) no Joyce M. Mrs. APPROXIMATE INTERVAL pope 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PARTA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION Weller ou la 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Hygiene I NO [ NO YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 716 HOW IN JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 5 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK AT WORK 22a.t certify that (1) (this haspital) attended the deceased from \_\_\_\_\_\_ sow the deceased alive on D 4 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) adid not) view the body after death DIRECT Dept. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF + 011 FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME TYPE ORPRINT 22e. ADDRESS Shoul 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION April CITY OR TOWN STATE (SPECIFY) 12.1979 Burial Meadowridge Mem. Elkridge Howard Md Pk 24. FUNERAL DIRECTOR DHMH - 16 25M AOORESS (VR A 15 (4) 1 9/74 Singleton Funeral Home, GlenBurnie, Md

6956-61 10-0328 Light bases uput tegas ung una ana anytigat 

	1			STAT	E OF MARYLAND				
	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	GIENE 7 C	-093	60	
110		CEASED NAME FIRST	WIDDLE		AST		MONTH DAY	YEAR 2	b. HOUR
	(TYPE	OR PRINT)	C	Tu	rner		4 13	79	7:20
50	3 SE	Male	Negro	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	(HDAY) IF UP		HOURS MIN.
East /		DUNTRY)	TE C A	Y? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF		
7/	10. CI	S.C. TY OR TOWN OF DEATH	U.S.A.  1). NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI			Baltimo  120. USUAL OCCUPAT  LIYPE OF WORK FOR MOST	ION I	75 KIND OF I	BUSINESS OR
	I	Baltimore /	The Johns H	Hopkir	s Hospital	Retired t	). S. B	ovt.	
and and	130 5	TATE 136 COUN Pr	TY UNIT OF THE PROPERTY OF TO DUM FT!	ORE ADMISSION) OWN  BS	13d. INSIDE CITY LIMITS?	305 Fair	ax St.		
expumber 2	14 FA	THER'S NAME Nathan N	MN Turner		15 MOTHER'S MAIDEN NA Mary		Hunter	LAST	
medical e	16a V	VAS DECEASED EVER IN U.S. ARA			Alice Joh		Dumfr		
ial, cremotion, art fants ar other traumatic event	TION	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse lol, stoting the underlying couse lost	DBY A.	OVALCUS DUENCE OF FIC S	lar Collaps tenosis	52		1hr	ATE INTERVAL SET AND DEATH
any injury, ar		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO			AINAL DISEASE OR CON	DITION GIVEN I		25 1165 D
ghows o	CERTIFICATION	THE DATE OF OPERATION	THE CONDITION WITH	EII O'EKATIO	N WASTERI ORMED	YES NO	IN CERTIFYING	G CAUSES OF	
Hem 18 st		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN STEM 18, PART 1	OR PART 2]	*
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM. ETC.)	21f. LOCATION STREET	CITY OR TON	WN C	COUNTY	STATE
21 is ma		27a.   certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not	4/13 19	1761	that in (my) (our) opinion	, 10	13 19_ ote and hour and		at (1) (we) last
Hem Hem		22b. SIGNATURE and	H. Price		M.D. ATTENDING	MEDICAL STA		27c. DATE SIG	GNED 3/79
with the State [		22d PHYSICIAN'S NAME (TYPE OR	Price		JHH Balt	timore,	Md	2120	5
3 5	230 E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NIA	STATE
_		Burial			Mt. Zion	Dumfries		22026	
)M 7/77 (4))		NAME 914 Quarry Ro	ard O. Ames.		8. Ames 250. DAT	PR 1 8 1979"	15h RECOSTRAR	SSIGNATUR	heady

	71	a, Mari	.00			
			*			
. 170 . 2 .	Dietiu-F				10hi	Cas.
	2-117 100		di ang	Gerg in		
	5	9211		7	ofic control	
	The same	miol sale	138.5	- 3 .		.5/
						17
				70 3		
W			4.25			

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

(VR A 15 (4))

18:11:-

de . T. . E. . . .

23005-61

Balto.,

21212

York Road

FOR

REGISTRAR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/7B

STATE OF MARYLAND

CERTIFICATE OF DEATH

79-09363 DEPARTMENT OF HEALTH AND MENTAL HYGIENE \_\_\_\_ REG. NO 2h HOUR 00 11, 1979 IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Stores Highs Road Grentz Balto. APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ COUNTY STATE 22c DATE SIGNED Balto. Md. STATE County Md

s = 1 = 1

19660-62

CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OF PRINTS Gaetana Ventura AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5 DATE OF BIRTH IE UNDER 24 HRS 6-10-97 DAY YEAR HOURS Female White In BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Italy Italv WIDOWED DIVORCED Balto. City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 6211 Fair Oaks Ave. Balto. Seamstress Coat Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b COUNTY Bal to 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. 1304 Woodbourne Ave. YES A 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Joseph Bruno Catina Taglavia 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-16-5608 John Ventura, 6211 Fair Oaks Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Metastatic Conditions, if ony, which couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 6- 15-TX 220.1 certify that (1) (this hospital) attended the deceased from 11-9-78 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body ofter deoth 22b. SIGNA DEGREE 22c. DATE SIGNED MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should be with the S Roberto Ferrer, M.D. 7401 Osler Dr. 230. BURIAL, CREMATION, REMOVAL (SPECIES)
Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE 4-6-79 Holy Redeemer

- STATE

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09365

Balto. Md.

82390-8 14.5 - CATE - A THE PARTY OF THE P 150 lon made the later than the same that the same than the same than the same than the same than the sa .

N HIGH

" Bay holing

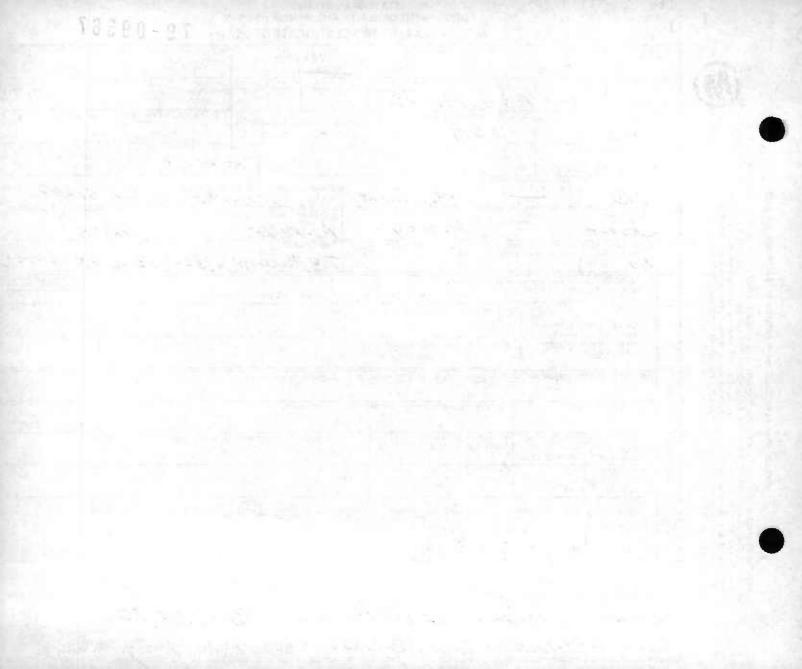
FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09366

1	F.	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
		CEASED NAME	FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR	
	,,,,,	E	LIZA	BETH 1	M. VER	MILLI	ERA	APRIL	9, 197	9	10:	
	3 SE	x		RACE		5. DATE C		6. AGE (IN YEARS LAST B		UNDER I YEAR		
	F	emale		W	nite	6	15 08	70	YRS.		NOUKS	
1-		RTHPLACE (STATE OR FO	DREIGN 7	& CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	F DEATH	- 12	
15		ennsylva			5.A.	WIDOWE	DIVORCED	Baltimo		У		
21	1	TY OR TOWN OF DEA	ATH 1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT				12a. USUAL OCCUPA (TYPE OF WORK FOR MOST			12b. KIND OF BUSINE INDUSTRY	
35		altimore	1		rch Home		pital	Housew	ife			
2:	130	AL RESIDENCE (IF NURS	136. COUN	TY	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
0		aryland	Balt	imore	Edgeme	ere	YES NO X	Box 895	, Mille	ers I	sla	
101	14 FA	THER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	ST	
31		George		W.	Fishe		Ellen				ker	
7		VAS DECEASED EVER	IN U.S. ARA (IF YES, GIVE		166 SOCIAL SECU		17. INFORMANT		herwoo			
1	N	0	4277	611	214-01-	1810	Hilda Zink	han	Balto			
		18 CAUSE OF DEAT	H (Enter only	y one couse per	line for (a), (b), on	d (c).)				BETWEEN	XIMATE INTE	
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARCINOMATOS IS										
	199 A									177		
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( b)										
		gove rise to immediate										
		cause (a), stating the underlying couse lost.										
	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01										
	Z										,01	
1	₹ ¥	19g. DATE OF OPERA	TIÓN	19b. COND	ITION FOR WHICH	200 AUTOPSY? 20b. IF YES, WERE FINDINGS US						
1	CERTIFICATION							YES NO X YES YES			S OF DEAT	
	- E	210. ACCIDENT WAS UN	DERLYING	21b. TIME C			21c. HOW INJURY OCCUR				110	
9		OR CONTRIBUTING			M. MONTH D							
	MEDICAL	(IF EITHER, NOTIFY MEDIC		P.	M. OF INJURY	19	21f. LOCATION					
	ME			(AT HOME, ST	REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	5	
		WHILE NOT WHILE AT WORK AT WORK TO A TWORK TO A TOOK OF THE PART O										
		that commy the transfer me deceases from, 17, 10, 17, 1101 (1) (1)										
		000ve, (1) we (alg) (did not) view the body offer death.										
		22b. SIGNATURE DEGREE							A E E		SIGNED	
1		J. 15 Children Attending Medical Staff Physician Director Physician								4.	-9-7	
1		22d. PHYSICIAN'S N.	AME (TYPE OR	RTRAM,	MD		22e. ADDRESS CHUR	CH HOSPIT		PORA	TION	
1		U	. BE	KIKHI,	rı.D.		100 N. BR	DADWAY, E	ALTIMO	RE,	MD	
	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(	Buria.	1	4/1	HARLES AND A		ey Valley	Cockey		.Balt	ST.	
	24 F				Incoress	Juluii	250. DAT	E REC'D. BY REGISTRA	R 256 BEGISTRA	R'S SIGNA	MRE	
		7922 Wise				MID	21222 AP		perfor	my / seal	ready	
		1944 W15	= Ave	mue, L	Junualk,	IAID .	77777 WI	11- 0 1010	1	,		

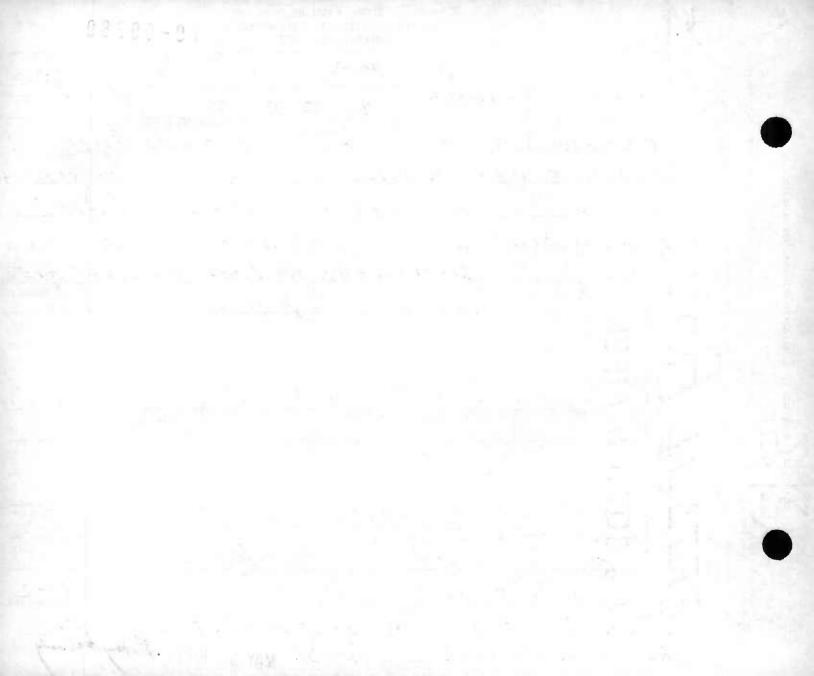


1101 E. North Ave.

C. March F/H

{VRA 15, 4} 7/78

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 21 HOUR 29 (TYPE OR PRINT) Vogel Margaret 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX caucasian DAY female MONTH DAYS HOURS M. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED JARYLAND WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF JWORK FOR MOST OF WORKING LIFE) INDUSTRY 213 01 32281 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 13b COUNTY 13d INSIDE CITY LIMITS? YES 🔀 NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? shows NO YES NO [ Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 774 I certify that II this because attended the deceased from and that in my Your opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 77h SIGNATE DEGREE Ξ ATTENDING AEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) should be with the S renzer 2 ELMIAL, CREMATION, REMOVAL MAME OF CEMETERY OR CREMATORY 23b. DATE 250 DATE REC'D. BY REGISTRAR 751 DHMH - 16 50M 1/76 (VR A 15 (4))



24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 250 250

Witzke Funeral Home of Catonsville, P.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Loudon Park Cemetery | Baltimore,

20 DATE OF BEATH

IF UNDER I YEAR

Lambert

176 KIND OF BUSINESS OF

APPROXIMATE INTERVAL

NO IT

STATE

COUNTY

22c. DATE SIGNED

4/5/24.

Maryland

- STATE

TYPE OR PRINT

REGISTRAR DECEASED NAME

DHMH - 16 60M 1/75 (VRA 15 (4))



PALTIMORE SAINT AGNES HOSPITAL

000 S. CATOM SVE-WALTO, NO 21229

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00071

	1 -	STATE REGISTRAR			DEFAR	CERTIF	ICATE OF DEATH	REG. N	9 - 0 9	311		
		EASED NAME	FIRST	٨	AIDDLE	DLE LAST			MONTH DAY	YEAR	26 HOU	R
	(ITPE	Joh	ın B	. Waech	Waechter				'9			М
ja	3. SEX			4, RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER	24 HRS
	Male				Cauc.	10	-15-15 YEAR	63	YRS.		HOURS	MIN
		THPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTR'	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY				
30	M	aryland		U.S.A	1.	WIDOWE		Ba	lto Ci	ty		MD.
		Y OR TOWN OF DEA	тн		HOSPITAL, NURS		OR OTHER INSTITUTION	12Waynercun		12b. KIND O	F BUSINE	SS OR
37		Balto		Mercy	Hospi	tal		Petire	d	Balt	o.C:	ity
	USUA 130. S	L RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION,		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS				
35		aryland	•	-	Baltin	nore	YES X NO	5016 Wr	ight Ar	ve.21	.205	
		THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N.			LAS		
3,00		John Fr	irba;		LAST		Rosa W	Wills				
,	16a V	AS DECEASED EVER	INTILC AD	MED EODOESS	16h SOCIAL SE	CURITY NO.	17. INFORMANT ADDRESS					
	Y	es, no or unknown) es	W.W	WAR OR DATES)	16-01-	-0559	Vera M.Wae	chter(wif	e) same	e as	13	
-		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and icid										
		PART I. DEATH WAS CAUSED BY: Metastatic Squameus Lung Carcinoma										
		1629 DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which										
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause last.										
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION											
	CAT	190. DATE OF OPERAT	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W				
9	TIF							YES NO	YES [		NO [	]
4	CE	210. ACCIDENT WAS UND	_	21b. TIME O		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART	1 OR PART 2)		
F	CAL	(IF EITHER, NOTIFY MEDIC		AID		19						
	MEDICAL	21d INJURY OCCURRED 21e. PLACE			OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET			CITY OR TO	COUNTY	OUNTY STATE		
	2	AT WORK AT WO	HILE									
		22a.1 certify that (1)					179 19	, to4_/6	. 19.		thot (I)	
		saw the deceosed alive an 4/8/ 19 79, and that in (my) (our aprilian death occurred on the date and hour and from the causes stated above, (1) (we) (did) did not) view the body after death.									sted	
		226. SIGNATURE	,	11			DEGREE	MEDICAL STA		22c. DATE	SIGNED	
		Jack	Jeba	THE PARTY (			MEDICAL STAFF  □ DIRECTOR □ PHYSICIAN □ 4/9/77					
		228. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e. ADDRESS		-1			
		DON	5	12 CBE	my .		MRKKY	HOSPIT	7			
		URIAL, CREMATION,	REMOVAL	1 4			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	YTHUC	St	ATE
		urial		4/12,	/79 ]		Hills	Baltim		he	a Mg	. •
		CHA MINER	Fun	eral	333:		nms Lane 250. DA	PRI BY REGISTON	25b. AREASTRA	RESIGNAT	URE	1
	H	ome.Inc.			Bal	to.Md	.21213	1 13			4.	

DHMH - 16 50M 1/76 (VR A 15 (4) )

17-190-23 

57800-07 The state of the s  6 T C C C - 5 - 1 The second s CANAL SEE LINK IN THE PARTY OF THE PARTY OF

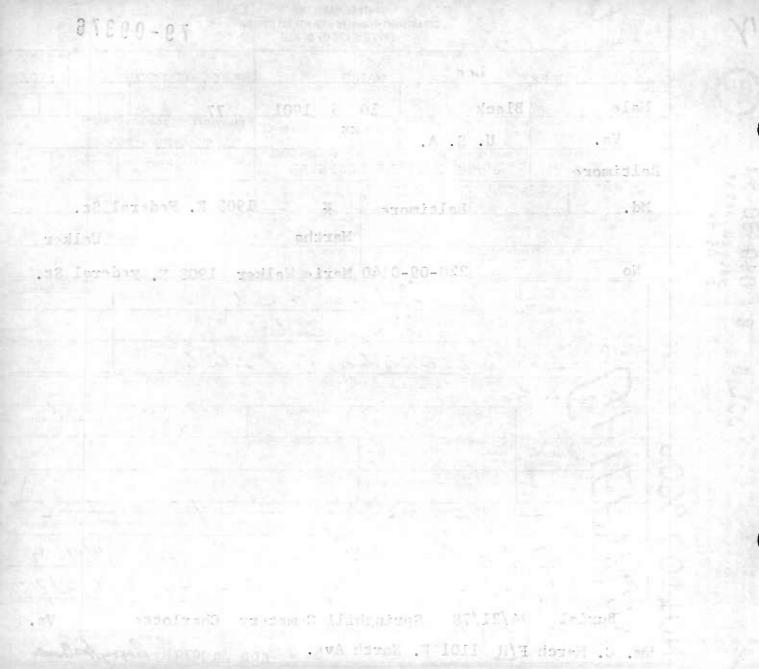
HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE,

**DHMH-16 20M** (VRA 15, 4) 7/78

79-08375

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDOLE DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI Lee APRIL HARRY WALKER 1979 2:20A M 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR OAYS HOURS MONTHS Male Black 901 To. BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Va. S WIDOWED DIVORCED BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) "JOHNS" HOPKINS HOSPUTAL INDUSTRY B By th Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 70 1908 E. Federal St Md Baltimore NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 5 00 FIRST MIDDLE LAST MIDOLE Martha Walker E SA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 0 (YES. NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST No 220-09-0540 Marie Rederal 18 CAUSE OF DEATH (Enter only one cause per line for (a), \$b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO T 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK AT WORK 220 | certify that (1) (this haspital) attended the deceased fram saw the deceased alive an above (I) we will did not view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING TO FUNERAL should be deta be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY Burial Springhill Cemeter Charlotte BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 1101 E. North Ave. C. March F/H (VRA 15(4))

1079



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	FOR			DEPARTM	VENT OF H	EALTH AND M	ENTAL HYG	IENE	*7	0	0.0	27	7
	-	STATE REGISTRAR		-		CERTIF	ICATE OF DE	ATH	REG. NO	o. 1	9 -	09	31	1
300		EASED NAME	FIR5T	N	MODLE	ı	AST		28 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
1			LEWIS	Andr	ew	WA	LKER			4	17	79	2:4	OP M
,	3. SEX		4.	RACE		S. DATE C		>540	& AGE (IN YEARS LAST BIRTI	HDAY)	_	RIYEAR	IF UNDER	R 24 HRS
		MALE		BLACK		9	î î3	92	86	YRS	MONTHS		HOURS	MIN
		RTHPLACE (STATE OR FOR	REIGN 71	CITIZEN OF	WHAT COUNTRY?	MAPPIE	NEVER MA	RRIED	BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
17		ASHINGTON,	D.C.	U.S.	.A.	WIDOWE		DRCED	BALTIMO	RE CI	TY			MD.
	10 CT	TY OR TOWN OF DEAT	TH I		OSPITAL, NURSIN		R OTHER INSTIT	UTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			KIND OF	F BUSIN	ESS OR
23		BALTIMORE		VA MED	ICAL CENT	ER BA	LTO.MD.		(VIII OF VIOLETON MOST OF			OSTRI		
	USUA 13a S	L RESIDENCE (IF NURSIF	NG HOME OR O		GIVE RESIDENCE BEFORE 13c CITY OR TOW!		134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS					
35	MA	ARYLAND			BALTIMO	RE	YES 🗌	40 🗌	222 ST.	PAUL	ST.	APT	. 30	08
	14. FA	THER'S NAME	44.07	DDLE	LAST		15 MOTHER'S		AE MIDOLE			(A5T		
Žb	W	ashingto		_	Walker		Julia		MIDDLE		Ros			
1		AS DECEASED EVER I	N U.S. ARM	ED FORCES?	166 SOCIAL SECUI	RITY NO	17 INFORMAN	T	ADDRE	SS				
1		YES	WW	I	220-46-	5222	Julia	Hammo	ond 222 S	t. I	Paul	. St		
		18 CAUSE OF DEATH			line for (a), (b), and	ljeu						APPROXIA	NATE INTE	RVAL DEATH
	ш	PART I DEATH WA	AS CAUSED		Stro	ke								
		436-			R AS A CONSEQUE	NCE OF								
		Conditions, if ony,		(b)							$\perp$			
		gove rise to imm- couse (o), stoting	the .	DUE TO, OF	R AS A CONSEQUE	NCE OF								
		underlying couse	lost	( (c)										
	_	PART 2 OTHER SIGN	IFICANT CO	NDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GI	VENINE	ART 1(o	1	
	ğ													
-	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	106. IF YE				
1	E								YES NO		ES 🗌		NO [	
-		218 ACCIDENT WAS UNDE		216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART I OR	PART 2)		
	₹ S	(IF EITHER, NOTIFY MEDICA		P.		19								
	MEDICAL	21d INJURY OCCURRI		21e PLACE O	OF INJURY EET, FACTORY, OFFICE, FA	ARM FTC )	211 LOCATION	1	CITY OR TOW	'N	COU	INTY	5	TATE
	~	AT WORK AT WOR	IK 🗆											
		220 I certify that	Section 1 to 14 for sec.	A Charles and Charles	4	MARC		19_79_	, to _APRIL_	17.	19			(we) lost
		saw the deceased	d olive and	APRIL	after death.	79 01	nd that in (next) (a	our) opinion o	death occurred on the do	te and ho	ur and fr	om the c	ouses st	oted
		276 MONATURE	/	-	DEGREE					c. DATE S				
		1	( W	BAM	)			TENDING TYSICIAN [	MEDICAL STAF	IANXX		4/1	7/79	
7		774 PHYSICIAN SHA		-5.790			22e ADDRESS							
1			Stu	Zipper	MD		3900	LOCH R	AVEN BLVD.	BALTO	MD.	. 21	218	

should be detached for with the State Dept of MPORTANT. H

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236. DATE 4/23/79

736 NAME OF CEMETERY OF CREMATORY Md. Nat'l Mem. F

23d LOCATION CITY OF TOWN

Laurel 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md. COUNTY

1101 E. North Ave. APR C. March F/H Wm.

17530-01

to one

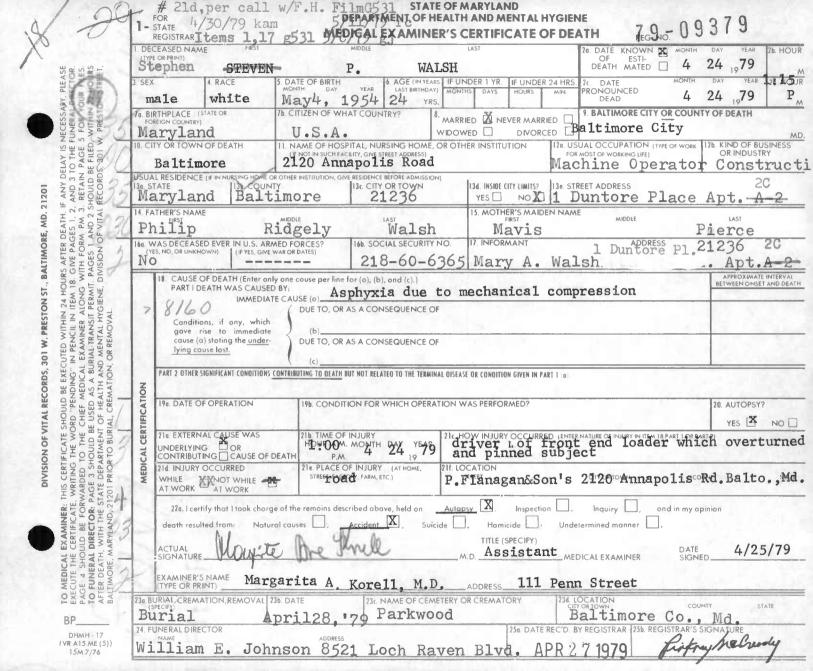
VOIDED DEATH CERTIFICATE FOR UNNAMED FEMALE WALLER

APRIL 11, 1978, FILED INCORRECTLY IN 1979 Death

Drawer. SEE WORCESTER COUNTY, 1978 DECEMBER DEATH

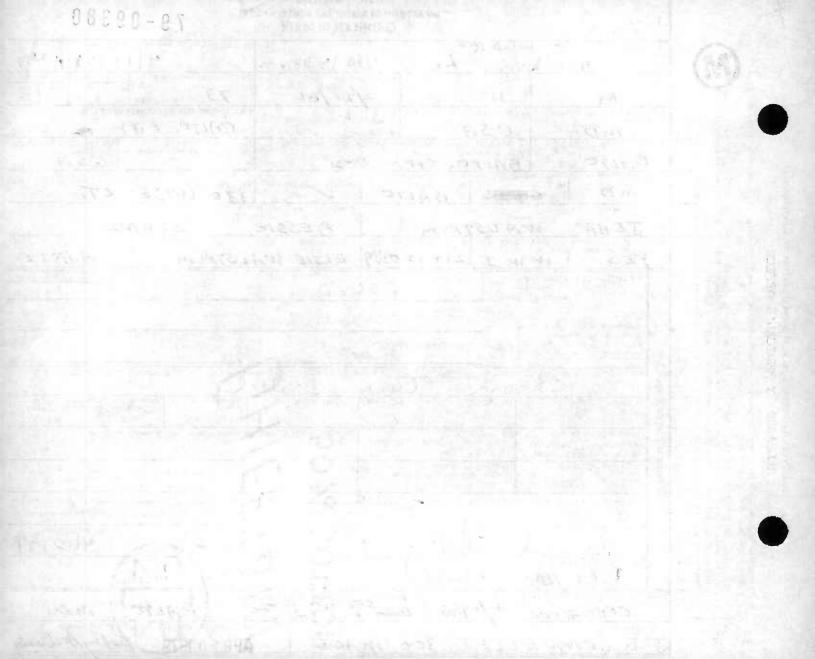
BOOK.





0 7 5 2 0 - 0 7 The second sec Beat, to a comment of the comment of Maria and the control of the control AND THE PROPERTY OF THE PROPER

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME WILBURMIDDLE 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH MONTHS DAYS HOURS 06 YRS 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED BALTO. CITY DIVORCED [ WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) GSA. TO. CITY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MD ALTO NO 20 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST OHA ESSIE STONE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214 12 0389 ELSIE WALSTRUM ES APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY SCVI IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mentol Hygiene NOF YES [ NO IT 18 shov 21h TIME OF INJURY 21n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY orked or STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased furn , that (I) (we) last \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (I) (we) (did) (did not) view the body after de should be detoched with the Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [ DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE CITY OR TOW MI BP. AK LAWN 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) 300





FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09381

- 10	F	REGISTRAR				CERTII	ICAIL OI DEAT		REG. N	0.		
		ASED NAME	FIRST	MI	DDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	TYPE OR	PRINT)	Mario	2	R	DV.	ALTER		Apı	il	5 1979	6:202
3	SEX			RACE ,		5 DATE C		6	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24
		Fe MAL	e	wh	, Te	MONTH	Ly DAY 1	EAR / 431	47	YRS		HOURS
76		HPLACE STATEOR	FOREIGN 76	CITIZEN OF W	HAT COUNTRY	? 8	NEVER MARRI	ED [	BALTIMORE CITY	OR COUN	NTY OF DEATH	11.712
7		Md		U. J.	A	WIDOWE			Baltimo	e Ci	ty	
10	CITY	OR TOWN OF DE	ATH 11		DSPITAL, NURSI FACILITY, GIVE STREE		R OTHER INSTITUTE		20 USUAL OCCUPAT			OF BUSINESS
1	Be	altimore			nd Gene		spital		Jec			hool
/ 13	SUAL Bo ST	RESIDENCE (IF NUI	THE COUNTY	L TO	3c CIMOR TOV	RE ADMISSION)	13d INSIDE CITY LIA	MITS?	3. STREET ADDRESS	CP	oss H.	11 8
. 114	FATE	HER'S NAME	17.14		Critica	129	15. MOTHER'S MAIL	1	.,,,,	C / 1		
1		RAY	mond!	R	H.O.A.C	15	FIRST	FTA	1 e L MIDDLE		570	ILL
2 16		S DECEASED EVE	(IF YES, GIVE W		2/8-28	URITY NO.	17 INFORMANT	7	ADDR	ESS	Russ	2
=	-				7.000	. 11/		1 10	TM: 27		APPRO	XIMATE INTERVA
	1	PART I. DEATH	A/AS CALISED F	V								XIMATE INTERVA I ONSET AND DE
		/	IMMEDIATE (	AUSE (a) Br	east Car	rcinom	a With In	tracr	anial Meta	istas	sis	
		11149		DUE TO OR	AS A CONSTOL	IENICE OF						
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if on		(b)								
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
		underlying cous	e lost	(								
	P	ART 2 OTHER SIC	NIFICANT CO	NDITIONS CON	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TI	HE TERMIN	I AL DISEASE OR CON	DITION	GIVEN IN PART 1	0
1												11.0
	CEKTIFICATION 12	DATE OF OPER	ATION	Left Lower Lobe Pneumonia  196 CONDITION FOR WHICH OPERATION WAS PERFORMED					20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED			
2	5 1	DATE OF OPER	411014	TVB CONDIT	OI4 FOR WITHCH	TOPERATIO	TO THE ORMED	<b>'</b>			RTIFYING CAUSE	
9									YES NO		YES [	NO 🗌
	2	10. ACCIDENT WAS U	NDERLYING	216. TIME OF			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM	18, PART 1 OR PART 2]	
-0	2	OR CONTRIBUTING			. MONTH D							
	2	(IF EITHER, NOTIFY MED		P.M		19						
	<u> </u>	1d. INJURY OCCU		21e PLACE O	F INJURY ET, FACTORY, OFFICE,	FARM ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATI
		T WORK AT W	WHILE D		, , , , , , , , , , , , , , , , , , , ,							
	2	20 1 -0-16 1 10-1 (	Mr/ahir harniant	attended the	doconcod from	Fohrus	77 10	70	to March	5	19 79	that IN free
	1	sow the deceo	n (iiiis nospiroi	March L	acceosed from.	79	111-1: 22	maining 1	ath arrows to the		. 17	inoi (an (we
		obove, (Mwe)	(did) (did)	new the body o	fter deoth	, or	ia inoi in man (our)	opinion de	oth occurred on the c	ore and h	nour and from the	e couses state
	2	26. SIGNATURE	10-	36		10	DEGREE			1	22c. DATI	ESIGNED
		12/1/2	Par	Malen	nous //	. (	MIA ATTEN	DING	MEDICAL STA		1 5	70
	-	10		1 Last	DN42/1	7 12 1	111131	CIAN L	DIRECTOR PHYSI	CIAN	4-5	-/9
	2	78 PHYSICIAN'S N	AME (TYPE OR PR	INT)		1	22e ADDRESS					
		Cliffo	rd T. M	alanowe	ki. Tr	M D	C/O Max	7117 200	d General	Hoen	i+=7	
-	200									uosp.	ı çaı	
23	SO BU	RIAL CREMATION	, 1	236 DATE	176 136		EMETERY OR CREM		23d. LOCATION	10	COUNTY	IA STATE
		DUR	AL	1/11/	17	NO	ed Lan.		DA	110		112
2.	LEUN	ERAL DIRECTOR		1		9	1 -	250. DATE	REC'D. BY REGISTRA	25b. REG	SISTRAR'S SIGNA	LIRE
		MAME		1 1	ADDRESS	8/12 11	112-11	9 1	DD 9/1 1070	1	MATERIA	TUCKE

DHMH - 16 60M 1/75 (VR A 15 (4))

ATTENDING

TO HOSPITAL

etoined by the hospital or

BP.

1869	0-01		
		111111	
			990 L5 LNG
			a sem
	12211		
		The said	
per galadia	EXEL OF ASA. 1		

STATE OF MARYLAND 79-09382 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAY5 HOURS White Oct. 22 1901 Male 70. BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Mary Land WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2121/ 186 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 6421 Glenoak Ave. Balto. Md. Baltimore Maryland NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Clark Eugene Wann Sarah ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Emmadohl Wann 6421 Glenoak Ave. 21214 No 216-44-3438 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for Ja), (b), and (c PART I. DEATH WAS CAUSED BY PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T PNO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 2 21d INJURY OCCURRED 21e PLACE OF INILIRY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (thus hospital) attended the deceased from and that in (my) purpopinian death occurred on the date and hour and from the causes stated saw the deceased alive on abave, (1) (a) (did) (1) view the DIRE 22b. SIGNATURE DEGREE 22c DATE/SIGNE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN BP Lorraine Park Cemeter Baltimore, Md. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 **ADDRESS** (VR A 15 (4)) Alan Seitz Funeral Home 3818 Roland Ave.

AND THE PART OF TH tempolitica de la segui de la Marie Company of the Late of the Company of the Late of the Company of the Late of the Company o Contract to the state of the st The state of the second 

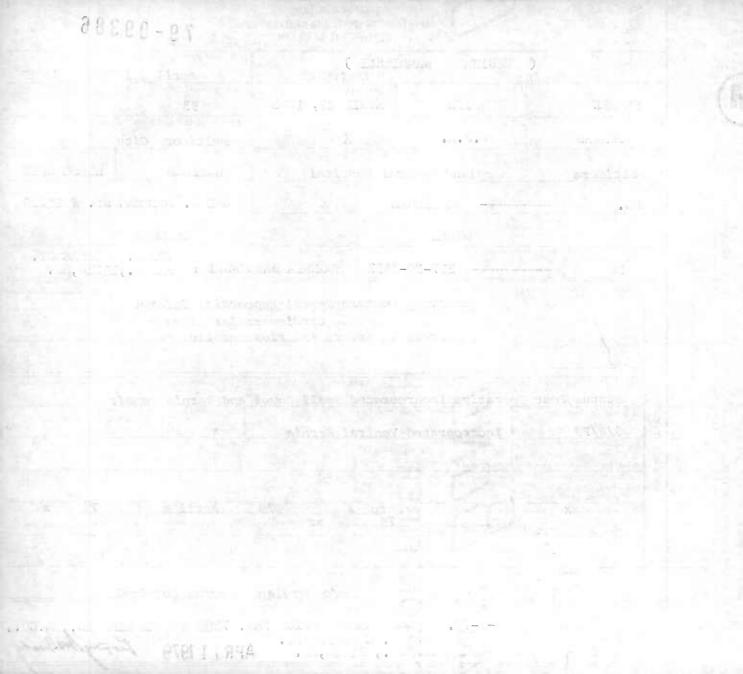
E 8 C C D - C ) The second of THE SOUTH OF THE PROPERTY OF T will the season of the season Call Sugar 2 3 d de l'Aramagna de l'Est-part de l'Aramagna And the state of t . See . To one to se such as the state of th Committee . done don too be a series of the series of the

STATE OF MARYLAND 79-119384 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR TYPE OR PRINTS Be.7.7. 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS HOURS -24 (13 -TA BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. West Virginia Baltimore City WIDOWEDY DIVORCED [ O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Sinai Hospital Cleaners Tailor- Snyders Randallstown 13. 10820 Liberty Road 21133 Maryland Balto. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Crouse MIDDLE LAST Emma Buzzerd Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAMY. Walter Kunkle 21784 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 229-46-4143 No none Sukesville, Md. Old Washington Road 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from sow the deceased alive on and that many) (our) opinion death occurred on the date and hour and from the causes stated new the body ofter death 22b. SIGNATUR DEGREE 22c. DATE SIGNED + ATTENDING DIRECTOR PHYSICIAN FUNERAL MPORTANT: PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) old b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY 4/24/79 Winfield Church of God Winfield Burial Md. Loring Byers Funeral Directors, P. D. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Liberty Road Randallstown, Md. 21133 (VR A 15 (4))

18888-61 Library travel of an artist Backward of the Control of the Contr

,	1		STATE OF MARYLAND	- 0 0 5
4	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H REG. NO.
व लह		CEASED NAME FIRST OR PRINT) RICHARI	MARD	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 4-26-79 2 PM
	3. SE	male	BIACK 4 6	6 AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
death. Page uneral direct hin 72 hours at once.	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)  MARYLAND	CITIZEN OF WHAT COUNTRY? 8  MARRIED X NEVER MARRIED WIDOWED DIVORCE	ED   BAltimore City MD.
by the fune filed within		Allimore	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Africate Sounded Nursing	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ly filled in Ishould be f	USU 130.	AL RESIDENCE (IF NURSING HOME ORO STATE 13b. COUNT	BAltimore YES NO	1 5632 Belle Avenue
completely a lond 2 sh	14. F	ATHERS NAME  UILLIAM	DDIE WARD CARRI	e WARd
rtificate be executed the state of the state	(	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT VAR OR DATES) 21703723 SAdie	ADDRESS - Lyland 5632 Belle Ave.  BETWEEN ONSET AND DEATH
equires that the death certif n signed by the ottending p Then please remove corbon ro buriol, cremotion, or rem injury, or other troumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
N: The low re vysicion. cote hos been ronsit permit. 1 Hygiene prior 18 shows only ii	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
HYSICIAN: The ding physicions is certificate burial-transit Mental Hygis or them 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	LIGHT A M MONITH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
often often s the ond ked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
pitol pitol TOR: for us of He		220.1 certify that (1) (his haspites sow the deceased alive on above, (1) (see 10-d) (did not	19 7 and that in (my) (au)	opinion deoth occurred on the date and hour and from the couses stated
S h		22b. SIGNATURE	Monarman Mas ATTEM PHYS	NDING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN 1
HOSPII ined by FUNER wld be h the St	1	72d PHYSICIAN'S NAME (TWEOR	immerman MD 32021	Harford Rd Ballimore
BP	230	SURIAL, REMATION, REMOVAL (SPECIFY)  Burial	236. DATE 236. NAME OF CEMETERY OR CREM Mt. Calvary Cer	a. Anne Arundel County, Md.
DHMH - 16 25M (VR A 15 (4) ) 9/74		FUNERAL DIRECTOR NAME  Wm. C. March F/h	1101 E. North Ave.	APR 3 0 1979

STATE OF MARYLAND 9-19386 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 26 HOUR REGINA WARMINSKI (TYPE OR PRINT) Regina WARNINSKI April 4 1979 1:05P N 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR APRIL 23. 1885 FEMALE WHITE 93 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POLAND U.S.A. DIVORCED [] Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Maruland General Hospital RETTRED HOUSE WORK BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13. STREET ADDRESS 603 S. POTOMAC ST. # 21224 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MD. BALTIMORE YES TX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE DZUBA UNKNOWN ADDRESS S. POTOMAC ST. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-30-3452 EUGENIA DABROWSKI: BALTO. . 21224 . MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Resolving Postero-Septal Muocardial Infarct DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Moderate to Severe Arteriosclerotic Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION Status Post Operative Incarcerated Small Bowel and Hernia Repair 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 3/8/79 Incarcerated Ventral Hernia NO Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21r HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that XIK(this haspital) attended the deceased from March to April sow the deceased alive on April 4 above, (Miwe) (did) (DBXX) view the body after death \_, and that in Kink (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ild be de the State 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS with with c/o Maryland General Hospital 230. BURIAL, CREMATION, REMOVAL 7JC, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE BURIAL HOLY CROSS POLISH NAT 7200 GERMAN HILL RD. BA.CO ADDE 01 S. CONKLING ST 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S. SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15(4)) Sen Dore BALTO. 21224 MD.



REG. NO 20. DATE OF DEATH MONTH 26 HOUR 0 IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE HOME 13e. STREET ADDRESS 3507 WOODLAND AVE 15 MOTHER'S MAIDEN NAME MUDDLE MORGAN ADDRESS PHILADELPHIA DOVIE ADAMS 400 N. 50th ST BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY ON TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the gauses stated SIGNE MEDICAL DIRECTOR | PHYSICIAN 23d. LOCATION COUNTY STATE

BALTIMOER COUNTY MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NEVER MARRIED

DIVORCED

NOF

ATTENDING

PHYSICIAN

ADDRESS

HERBERT E. NUTTER 3035 W. NORTH AVE

PARK

25a. DATE REC'D. BY REGISTRAR 251 R

FIRST

DOVIE

DHMH - 16 50M 7/77 (VR A 15 (4))

18866-61			
18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LATER CE		+3337°=
		728.78	1374435 124475
15thc 17m 68.8 11.72			The Atlantic Clines
texts represent	PSPITHE.	147/12	stamituted
	200	DELTAINE TO	MAINE
	837/90		PETS SANTE
Y			
1 SE SI/10 8	F 00/R	\$ 51/0	
Production of the state of the			
Jr. 201	***	LUCHEU HETTE	almost =

N N



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 7a. DATE OF DEATH MONTH DAY YEAR 2h HOLIR (TYPE OR PRINT) Lillian Ross Spencer Watts 3:25a M 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS 7-5-26 Negroid Female Ta. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED TO city to IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto Provident Hospital BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 70 2507 Druid Hill Ave. Balto. NO [ IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME O MIDDLE LAST FIRST MIDDLE LAST т Hezekiah Spencer Lillian Carroll 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-24-0366 same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ž 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (a) troumatic DUE TO, OR AS A CONSEQUENCE OF motion. Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF other cause (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 00 CERTIFICATION a prior 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a: AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? à NO YES [ NO [ tronsit 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol or Item WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased fram, saw the deceased alive on and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death DIRECT 22h SIGNATURE DEGREE 771 DATE SIGNED + ATTENDING MEDICAL STAFF Should be detowith the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS anai 23g. BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE (SPECIFY) Entombment Balto, Md. 4-17-79 Arbutus Mem. Pk 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 ADDRESS 1070 (VR A 15 (4)) Vernon Bailey F.H. 1348 Calhoun Street

ty i ece

Aglier and

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09391

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	9-	0 3 3 3		
0		CEASED NAME FIRST		MIDDLE	ı	AST			DAY YEAR	2b. HOUR	_
ń	(TYPE	ORPRINT) Edwin		F.	W	av		4/5	-/>9	8:30 A	M
	3. SEX		4 RACE	ALC: UKS	5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
		Male	(	au.	NONTH 8	DAY YEAR 2 97	8	YRS.	MONTHS DAYS	HOURS MIN.	
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY O	RCOUNTY	OF DEATH		
5		Mt.	U.	S.A.	WIDOWE		baltimore	CITY		M	D.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS OF	5
1		LTIMORE		MEMORIAL I		ITAL	American	Can	Reti	red	
1		AL RESIDENCE (IF NURSING HOME COUTATE 136 COU		, GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
		Md.	100	Balto.		YES X NO	3517 Wood	ring t	Ive. 21	234	
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ī	
2		Edwin	H.	Way		Elizabet	th		10	ong	_
		VAS DECEASED EVER IN U.S. AI res, no or unknown) (IF yes, GN	RMED FORCES? /E WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE			0	
		no		218-18-19	162	Mr. Donald	May 25/	7 Long	londern	y Rd.	=
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	line for (a), (b), and.	101.	0.00	4		BETWEEN	MATE INTERVAL ONSET AND DEATH	_
			TE CAUSE (0)	Brunch11	15	, (010), 1					-
		4292	DUE TO, C	R AS A CONSEQUEN	ICE OF	.,	, , , ,	- 10	8 4 = 5		
	215	Conditions, if ony, which	(b)_	Congestiv	16. 1	Yeart Fail	ure, AJ	CVD			_
		couse (a), stating the underlying couse last.	DUE TO, C	R AS A CONSEQUEN	ICE OF						
	12		(c)								=
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ON RIBUTING TO DE	AIH BUI	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	JIION GIV	EN IN PART III	31	
-	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN		-
2	IFIC						YES NOT		YING CAUSES	OF DEATH?	
	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCURR					_
		OR CONTRIBUTING CAUSE OF DE	ALF	.M. MONTH DAY	YEAR						
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION			COUNTY		_
1	×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FAF	RM, ETC.)	SIKEEI	CITY OR TOV	IN.	COUNTY	STATE	
		22a.1 certify that 🥩 (this hosp	oital) attended, th	ne deceased from	4	11 19 79	_,10 4/5		19 77.	that 🎳 (we) las	51
Я		sow the deceased alive or obove, (I) (well (did) (did)	7/5	19	22.0	nd that in (my) (our) opinion d	leath occurred on the de	ate and hou	or and from the	couses stated	
В		226. SIGNATURE	or now me deal	7//		DEGREE	W. C. W.		22c. DATE	SIGNED	
		milli	1//	Lt	me	ATTENDING PHYSICIAN	MEDICAL STAI		14/5	-/79	
		274 PHYSICIAN'S NAME ITEM	DEFENTS.	1/		22e. ADDRESS					
		Michael	N. Rub	instein	mo	201 E. C	Universi	FY	PKWY		
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c, N/	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	=
		Burial	4-7-	79 (	ande	ns of Faith Co	Balta		Balta.	M	_
	24. FL	JNERAL DIRECTOR		ADDRESS		iso. Dut		25b. REGIST	RAR'S SIGNAT	URE	
	1	0.1 C M.11	7	(1.1= 1	2 /	AP	R9 1979	prog	44/10	Distancing	

DHMH - 16 50M 7/77 (VR A 15 (4))

1219 CILL 4.5.A. EMERICAN OF THE OFFICE POSTERS PRODUCED OF A STATE OF THE to 12 .ou nin oo TTE x .... derin . Linketo 212-1-100 in prolit , an 21 or or or ... unio inter oriento oriente oriento.

o .. i or Ira. 115 ledoin d.

	18	STATE OF MARYLAND	
8	5%	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-09392 CERTIFICATE OF DEATH	
-	1 1	REG. NO.  1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	_
2-	9 54	(TYPE OR PRINT) Jessje L. Webb 4 29 79 852	2
1	moy I	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 241-	RS
1	4 9 4	female black 4 8 18 60 YRS. MONTHS DAYS HOURS M	7
	death. Page Uneral Greet fin 72 mours	70. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
	7	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS	MD.
201	+ p + k	Baltimore University of Maryland Hose (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	24 hours filled in by ould be filled must be no	USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 130	34
YLA	thin 2 shy	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST MIDDLE LAST	·
MAR	ond sexon	Moses Brooks Laura Push Brooks	
RE,	0 0 0	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)	
IIWO	be exected on ond rs. Page:	21516 9701 Kula Moody 510 Denison 2t	
BALI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY:	тн
ST.,	er en	IMMEDIATE CAUSE (0) Multiale Myeloma.	
ON	£ 0000	DUE TO, OR AS A CONSEQUENCE OF	
REST	death ottendi nove co otion, o	Conditions, if any, which (b)	_
. P	th th	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
10	or o	(c)	_
05, 2	equires n signer Then pl r to buri injury, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
OR	been mit. Ti	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED	
RE	S PHYSICIAN; The law re intending physician.  Per this certificate has been the burial-transit permit. I and Mental Hygiene prior ked or item 18 shows any it	PEWS PRINCE GAST DITECTION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES NO   YES NO	
/ITA	IAN: The k physicion. inficate has l-transit per al Hygiene n 18 shows	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
OF.	SICIAN ng phys certifica certifica uriol-trail tem 18 tem 18	A CONTRACTOR OF THE PARTY OF TH	
NO NO	IG PHYSICIAN: ottending physis ter this certifica s the buriol-trans rked or them 18	21d. INJURY OCCURRED 21e. PLACE OF INJURY 21I. LOCATION	_
IVIS	DING PHY or offerthis After this e as the bu olth and M marked or	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
٥		22a.1 certify that (1) this haspital attended the deceased from 2/26 1975 to 4/29 1979, that (1) (we)	last
130	Spito CTO for of H	sow the deceased alive an	
	1. OR ATTEN the hospital the hospital the DRECTOR: stoched for us the Dept. of it	226 SIGNATURE DEGREE 22c DATE SIGNED	
	RAL I deto deto	Mu Sycley MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DY 129/19	
	HOSPITAL lined by th FUNERAL build be det th the Stote	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached for with the State Dept. C. IMPORTANT: If them 3.	John W. Dixben Min of Me Hospital	
		230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY STATE	
	BP	Butia 5-6-79 HRBUTUS Mem. JK. SAUCO. M.	
	DHMH - 16 50M 7/77 (VR A 15 (4))	NAME O Q	
		Vernon R. Halley 1348 Cautown 31.	-

\$1500-01

24 FUNERAL DIRECTOR Duda-Ruck, Incomess

Wise Avenue, Dundalk, MD

DHMH - 16 50M 7/77 (VRA 15(4))

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21222

79-09393

IF UNDER 1 YEAR

INDUSTRY

OAYS

2b HOUR

12b. KIND OF BUSINESS OR

Beth. Steel

21222

NO P

STATE

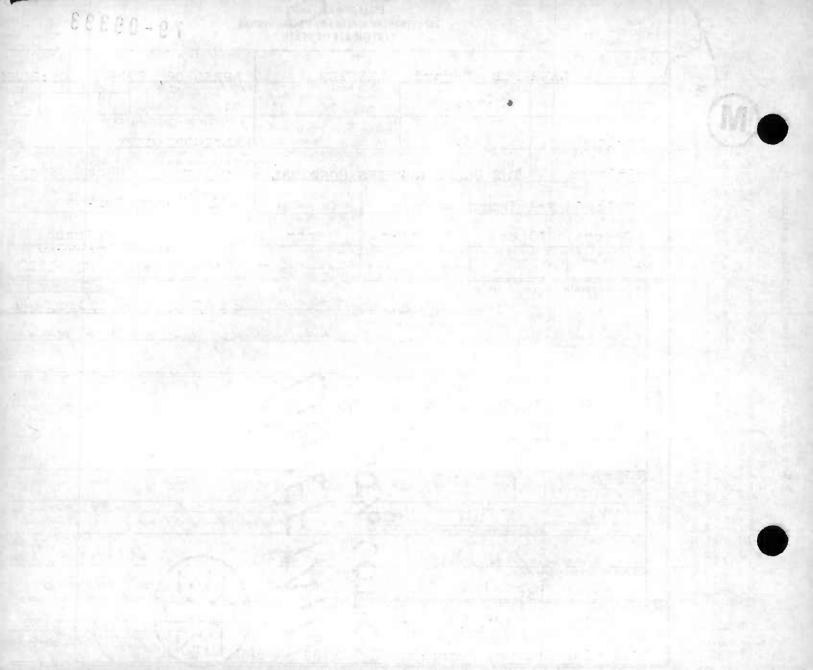
COUNTY

22c. DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

McGrath

09 - 30 MM



DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

79-09394

1		REGISTRAR				CERTIF	ICATE OF L	PEATH		REG NO.	0			
ı		EASED NAME	FIRST	٨	AIDOLE	- L	AST		20 DATE OF D		ONTH DA	AY YEAR	2h HOU	
ł	1	MARGE	HK ET	CF	HELA	W	EESN	ER	4	24	7	79	12	D M
ľ	3. SEX	F	4.	RACE		5. DATE C		YEAR	6 AGE (IN YEAR	RS LAST BIRTHO		ONTHS DAYS		A HRS
		1		C 1		10	3	57	27	7	YRS.		HOURS	MIN
ı	CC	RTHPLACE (STATE OR FO	PREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER !	ARRIED -	9 BALTIMOR					
1	Mar	yland		USA		WIDOWE		VORCED [	Balti	.more	City	1		MD.
		ltimore				RSING HOME C TREET ADDRESS) AN HOS		NOITUTI	12a USUAL OG (TYPE OF WORKE Drug F	OR MOST OF V		INDUSTRY	of Busine	
,	130 S	L RESIDENCE (IF NURS TATE Laware	136 COUNTY Kent	THER INSTITUTION, Y	GIVE RESIDENCE B 13c CITY OR T DOVET	OWN	13d INSIDE C	ITY LIMITS?	13. STREET AT	DDRESS B, Bo	x 104			
1	14. FA	Cari	WIE	DDLE	Miïi	S		MAIDEN NAM	ΛE	WIDDLE	M	lills"	ist	
	160 W	AS DECEASED EVER	IN U.S. ARMI (IF YES, GIVE W		16b SOCIAL S 214-5	8-0505	17 INFORMA	onal re	cor <b>d</b> s	ADDRES	S			- 1
1		18 CAUSE OF DEAT	H Enter only	one couse per	line for (o), (b	, ond relat						BETWEEN	XIMATE INTER	RVAL
1		PART I. DEATH W	AS CAUSED IMMEDIATE		CYST	IC FIF	3RUSIS	>						
ı		2970	THE COURT		R AS A CONSE	OLIENCE OF					-			
ı		Conditions, if ony,		( 1b)_		O DETTICE OF								
ı		gove rise to imn		DUE TO OF	R AS A CONSE	OUENCE OF			• • • • • • • • • • • • • • • • • • • •					
ı		underlying couse	lost.	(c)										
	_	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	OR CONDI	TION GIVE	N IN PART 1	101	
	CERTIFICATION													
	ICAI	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	200 AUTOP			WERE FIND		
	RTIF			9						NOX	YES		NOX	
		OR CONTRIBUTING		HOUR A.		DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATU	RE OF INJURY	IN ITEM 18, PAR	RT 1 OR PART 2)		
1	CAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P./		19								
1	MEDICAL	21d INJURY OCCURE		21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATIO	N		CITY OR TOWN		COUNTY	\$1	TATE
1		AT WORK AT WO	RK L							1/1	/	-		
ı		22a.l certify that (I)	-	111	0 1 /1	-7 1		. 19	to	7/4	. 1	9_7	, that (i)	
1		sow the decease obove, (I) (we) (c	did (did not)	view the body	ofter death	,		(our) pinion d	leoth occurred	on the dot	e ond hour			oted
		226. SIGNATURE Sarah	Dar	1 shil	soul.	m		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		226 DATI	E SIGNED	9
		SARAH	CFA-1		icson		220. ADDRES	1 110	naril	an	Hos	pital		
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C			23d LOCAT	TOWN		COUNTY	\$T	ATE
		rial		4-28-	79	Odd Fe	llows (					t, Del		е
		INERAL DIRECTOR			ADORESS			250. DATE	REC'D. BY REC	SISTRAR 25	B REGIOR	AP'S SIGN	136	de
1	7	tour	ver 1	will	1	-		871	AI 4	13/3	and the	1.700.	-	7

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR

FOR - STATE

notified of once.

must be

medical

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

ett.

ABTOOM INTOSTED BORD REGIONS

HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

The second secon

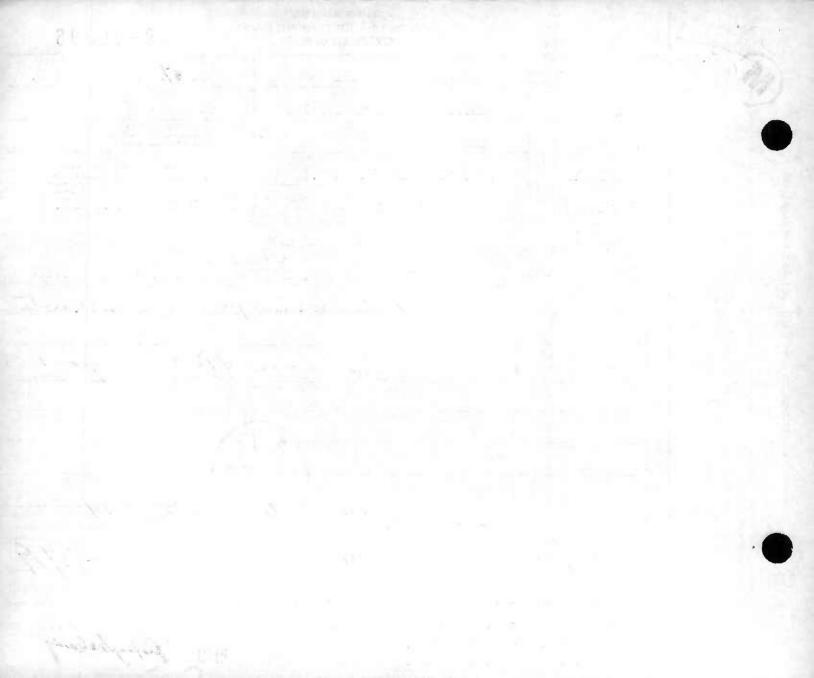
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** CERTIFICATE OF DEATH

79-09396

ı		REGISTRAR			CERTI	TEATE OF BEATH	REG. N	0.	0 0 0	
1		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TTPE	OR PRINT) HOWA	IRD +	IARRIS	0	VEIL	APRIL *	7,1979		9 P.
ſ	3 SEX	X	4 RACE		5. DATE (		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	
		MALE	WŁ	ITE	Jul	Y 20°, 192°°	58	YRS	NTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED XX	9 BALTIMORE CITY			
		NEW YORK	us		WIDOW			ORE CIT		M
	10 C1	BALTIMORE				APT. B	120. USUAL OCCUPAT			OF BUSINESS OF
	USUA 13a S	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS.			21218
		MARYLAND		BALT	MORE	YES NO	13° 37860 6 MON	TEREY R	D., A1	PT. B
I	14 FA	THER'S NAME	WIDDLE	. LAST.		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LA	S!
		MONROE		WEIL		MARGERY			HARRIS	3
ı	16a V	VAS DECEASED EVER IN U.S. (ES. NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES)	16b SOCIAL SEC			RLES MINDEL			
		YES 0	VWII	498-20-	-1150	305 W. CHESA	PEAKE AVE.	, TOWSOI	N, MD	21204
I		18 CAUSE OF DEATH IENT	er only one couse pe	r line for (a), (b), (	and ic.	1 1 7	1 1		BETWEEN	ONSET AND DEATH
١			DIATE CAUSE (0)		Vent	verlor Tool	is sordie	/	ne	muls
ı		4149	DUE TO C	R AS A CONSEQ	LIENCE OF					
		Conditions, if any, which		A A CONSEQ	OLIVEE OI					
		gove rise to immediat	e				10			
		couse (a), stating the underlying cause (as	DOL TO, C	R AS A CONSEQ	UENCE OF	a hours	(7)		que	ins
I		PART 2 OTHER SIGNIFICA	NIT CONDITIONS C	ONIT PIRITING TO	O DEATH BUT	NOT BELATED TO THE TEDAA	INAL DISEASE OR CON	IDITION CIVEN	LINI DART 1/	
ł	Z	PART 2 OTTER SIGNIFICA	(11 CONDINONS <u>C</u>	ONTRIBOTING I	DEATH BOT	NOT KELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN	TINFARTI	0,
ł	CERTIFICATION	196 DATE OF OPERATION	19b CONE	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
I	IFIC								NG CAUSES	OF DEATH?
ł	ERT	21g. ACCIDENT WAS UNDERLYIN	G   21b, TIME (	OF IN ILIRY		21¢ HOW INJURY OCCURE				NO []
	-	OR CONTRIBUTING CAUSE (	DE DEATH HOUR A	.M. MONTH	DAY YEAR	The room is got occord	VED VENTER NATIONS OF 11950	ALLIN IO PARI	ON PART 2)	
ı	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION				
١	ME	WHILE NOT WHILE C	(AT HOME, S	REET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
ı		22a.1 certify that (I) (this	hasoital) attended t	a Harandad trans		1078	10 20/4	0 10	79	that (I) (wa) la
I		sow the deceased aliv	11	19	110	nd that in (my) (our) opinion (	death occurred on the o	ate and hour a	nd from the	couses stated
l		obove, (I) (we) (did) (a 22b, SIGNATURE	d not view the 646	ditte death.	/	DECREE			22c DATE	
I		- inalls	Mar		4	ATTENDING _	MEDICAL STA		111	1779
4		22d. PHYSICIAN'S NAME U	1			PHYSICIAN (	DIRECTOR   PHYSI	SIAN 🗌	71	1//
		ZZE PHYSICIAN'S MAME	ON PRINT)						15.050	
-		MARK DUGA				15 E. BIDU		BALTO.	, MD	
	23a. B	BURIAL, CREMATION, REMO SPECIF <b>CREMATION</b>			LOUDON	EMETERY OR CREMATORY	BALTIMO	DE CC	MAR	I/I A STATE
	04.5	CREMATION CO.	AFK.		LUUDUN	PAKK		NC	MAK	YLANU

DHMH - 16 50M 1/76 (VR A 15 (4))

SUL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215



# FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09397

н	REGISTRAR			CE!!!!!	TEATE OF BEATT	REG. N	0.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) LORA		harpe	WEISH	ETT	PRIL SE	4715-199 NOAY	YEAR (979	26 HOUR 2.1) M
d	3. SEX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Whit	:e	Jan		67	YRS.	DAYS DAYS	HOURS MIN
1	70. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
4	North Carolin	us a		WIDOWE		BALTIMORE	CITY		MD.
	BALTIMORE	UNITED S	HOSPITAL, NURSIN		DR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Teacher		INDUSTRY	o. City
	USUAL RESIDENCE (IF MURSING HOA 130 STATE  Maryland	AE OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 134 CHTY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 570 W. Ur	niversi	ty Pkv	vy.
I	14 FATHER'S NAME Benjamin Lee	Tharpe	LAST		Dora Samar	ntha Thornto		LA	
1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDR	ESS207 H	awthor	ne Rd.
	No No	ONE WAR ON DATES	212-10-7	915	Corbin C. Co	gswell, III	Balto	., Md.	21210
ł	18 CAUSE OF DEATH (Ente	r aniv one couse per	line for (a), (be one	dici.i		Λ		APPROX	ONSET AND DEATH
1	PART I. DEATH WAS CA	USED BY:	A	RDIC	RESPIRATOR	Y HRRES	T	BETWEEN	ONOCI AND PEAN
١	IMMEI	DIATE CAUSE (0)	-						
ı	1629		RAS A CONSEQUE		Audosis			17 9-1	
1	Conditions, if any, which gave rise to immediate		BILETABOL	10 1	1000011			-	
1	couse (o), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF	PEMBOLUS			-20V	
1	underlying couse lost	(c)	" ME	L .	1 61111302003				
I		055	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
	E C'ARCINON	11/4	Lang		A. C. Land		L. K		
	TIE CEPTATION  TIE CONTRACTOR OF THE COLUMN TIES OF				NWAS PERFORMED	200 AUTOPSY?	IN CERTIFY		S OF DEATH?
4	TIE ACCIDENT WAS UNDERFINE		4 4 4	7 ~	216 HOW INJURY OCCUR	YES Y NO	YES		NO 🗆
1	and a company of the contract	The second secon	M. MONTH DA	YEAR	ZIE HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	I I OR PART 2)	
1	S (FEITHER, NOTIFY MEDICAL EXAM	The state of the s	M.	19					
1	21d. UNJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	APAA ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK		,	, , , , , ,					
ı	220.1 certify that (I) (this h	ospital) attended th	e deceased from			, to	, 11	9	that (1) (we) lost
	sow the deceased alive	e on	19	, 01	nd that in (my) (our,) opinion	degth occurred on the d	ote and hour	and from the	couses stated
	obove, (I) (we) (did) (di 22b, SIGNATURE	d not) view the body	ofter deoth.	_	DEGREE () C. V.	SURGIL	AT P.	2 22c. DATE	SIGNED
1	1/	rikar	2	2	ATTENDING	MEDICAL STA	FF 1	4/19	179
4	22d. PHYSICIAN'S NAME (T	(05 00 00) (5)		11/2	IND. ADDDECC (1 4	DIRECTOR PHYSIC		1/	707700
1	DA 1400	O I			1		ORIA		V
	KMIKHIS.	KIV			201, E, UNIVE	277	KKUB,	7 150	272/2/8
	230. BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
	Cremation	Apr. 1			ew Mem. Pk.	Catonsvil			
	24 FUNERAL DIRECTOR		ADDRESS 65	00 Yo	rk Rd. 250. DAT	EASON REGISTOR	256. REGISTR	AR'S SIGNA	He Cready

Baltimore, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc.

3397	79-05	CONTRACTOR OF THE STATE		
		THESE	pganai	MAN TO THE REAL PROPERTY.
	to 1	er [, 12 .ns	Mhi ce	Femile
				nollous dans
70 .ozia5	20(000	DANESCH TO	A M. S. CHALLES # [M. ]	MIN TYPE
itty Hays.	1 Syd W. Univers	910	nijir-	lacyland
	motorpell atten	Pors San	003	obsembled con
Acethorne Kd		-7915 Corbin C.	1-25	DI
11:01, 16.	Catemarille, n	eerwieu m. d. 300 or m. Malimore, ec.		Szematkon Kuchil-Szodefe

age 4 may be

within 24 hours after

executed

death certificate be

requires that the

30

TTENDING PHYSICIAN The

TO HOSPITAL

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00200

	REG	ISTRAR				CERTIF	CATE OF I	DEATH		REG. NO	019	-09;	3 3 0	)
(M)	DECE ASE		T	MIDDLE		U	\\$1		2a DATE C	OF DE ATH	MONTH	DAY YEAR	2b. H	IOUR
		Vivian		Pearl		Wess	el			L	7	4 107		
fer o	3 SEX		4 R	ACE		5 DATE O	F BIRTH DAY	YEAR	6 AGE (IN	YEARS LAST BIRT	HOAY)	MONTHS DAY		DER 24 HRS
ar of o	Fe	male		White		10	9	7,800	70		YRS			
Note of	7a. BIRTHPL	ACE (STATE OR FOREIGN	7b C	ITIZEN OF WHAT C	OUNTRY?	MARRIET	₩ NEVER	MARRIED [	5 BALTIM	ORE CITY O	R COUNT	Y OF DEATH		-
in 72		Carolina		U.S.A.		WIDOWE	./>	NORCED [	BALT	IMORE	E CII	ГҮ		ME
Med c	10 CITY OR	TOWN OF DEATH		NAME OF HOSPITA			R OTHER INS	TITUTION	120 USUAL	OCCUPATE	ON	126 KIND		INESS OR
by the	BALT	IMORE	10			SPITA	L			naker		11, 11,0031,		
E 9 9	USUAL RES	IDENCE (IF NURSING HO	OUNTY		PENCE BEFOR	RE ADMISSION)	13d. INSIDE C	ITY HALITS?	13e STREET	ADDRESS				
should should a shoul	Md.		Howa		cot		TYES [	NO 🔯	534	_	ger	Rd.		
2 sh	14 FATHER		MIDDL		LAST		IS MOTHER	S MAIDEN NAM	WE	MIDDLE			LAST	
and 2 :	Law	rence			rop	st	F	-	e	MIDDLE			llm	an
Poges I	160 WAS D	ECEASED EVER IN U.S	S. ARMED			JRITY NO.	17 INFORMA			ADDRE				
Pog.	No		0, 0.70	217	16 5	286 B	Ernes	st A Wes	ssel	5341 I	(erge	r Rd	2104	3
sicio opers of.	18. C.	AUSE OF DEATH (Ent	ter only or	ne cause per lumino	al, lbi, pr	nd ici.i		/		7	/	APPR	OXIMATE I	NTERVAL AND DEATH
g physicic conpaper remayal.	P.	ART I. DEATH WAS CA	AUSED BY		di	> 1/e	MILA	tous	U	ecca	1	. 7-		
ding or n	14	439		DUE TO OR AS AC	ON SEQU	ENCE OF		5	- 4			7	- 400	1
ation are		ditions, if ony, which		(b)	40	reco	-	00	-4			/-	01	g see
	COU	e rise to immediate (a), stating th	ne 🤺	DUE TO OR ASSA C	ONSEQU	ENCE OF		12-						
l by the	und	erlying cause las	- (	10 11	Ulr	UN EU	81.04	15	CV	1) -	-			
gned gned burn ry, o		2 OTHER SIGNIFICA	ANT CON	DITIONS CONTRIBL	ING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CON	DITION GI	VEN IN PART	Mai	
The The	CERTIFICATION 180 D			/										
s bee	<u>√</u> 190 D	ATE OF OPERATION		196 CONDITION FO	OR WHICH	OPERATION	WAS PERFO	RMED	20a AUT	OPSY?		S, WERE FINI		
cron.									YES 🗌	N9/2		ES 🗍		
hys 18	00.0	ACCIDENT WAS UNDERLYIN ONTRIBUTING \( \int \) CAUSE (		11b. TIME OF INJUR HOUR A.M. MC		AY YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER N	ATURE OF INJUR	LY IN ITEM 18,	PART I OR PART 2	2)	
certification of the sental of	S (IFE	THER, NOTIFY MEDICAL EXAM	AINER)	P.M.		19								
this this day	Q 214 1	NJURY OCCURRED		21s PLACE OF INJU (AT HOME, STREET, FACTO	RY DRY, OFFICE,	FARM, ETC.)	21f LOCATE STREET	ON		CITY OR TOW	VN	COUNTY		STATE
after of the sorke	AT WC					11/1		79		11	4		,	
OR OR OR SHEET		certify that (I) (this I ow the deceased aliv		offended the deceas			d About in (mill)				in a second	19	that (	I) (we) last
ospit ECTC d fo 1 of m 21		bare, (1) (we) (did) (d	id not) fie	w the bady ofter de	19,0th.			(our) apinion (	Jean occurr	ed an the at	)te ond not			
Dep Dep	770. 3	SIGNATURE	1	1	-	(/-	DEGREE	ATTENDING _	MEDICAL	STAF	FF	III DA	TE SIGN	-
ERAL ERAL Stote	204.6	PHYSICIAN'S NAME (	an	page	2.	644	7	PHYSICIAN 💹	DIRECTOR	R PHYSIC	IAN 🗌	14/	114/	19
The SATA	220						1906	Seelzele	cert &	mery	· RE	<i>y</i> // .		
retained by TO FUNERA should be do with the Sto		lejandro						CATON			IMOR	F MD	712	29
	23a. BURIAI (SPECIE)	i, cremation, remo u <b>rial</b>		Apl 17,19				CREMATORY	23d. LOC CITY	ATION	n Ma	ry Tand		STATE
BP				-hr 11913	17	St. Pa	au La	100 000						
DHMH-16 20M	Han	H. Witzk	e li	112 Colum	ores F	ra Ell:	icott (	Cty 250 DA	APP ZY	F9574	25b. REG	confirmen	MINE	rody
(VRA 15, 4) 7/78	TIEST I	A TIP HY ONL				7								1

8053 - 3

4 0

er eye

- 1

79-09399 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS HARLEC 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYPAR JE UNDER 24 H HINDW HOURS 80 January 18, 1899 To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY) MARKIED NEVER MARRIED Rumania US WIDOWED DIVORCED [ ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Levindale Home BALTIMORE, MARYLAND 21201 Salesman Fabric USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 130 CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 0 N. Manhattan New York 4761 Broadway NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST unk. MIDDLE MIDDLE Wexler LAST Isaac 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Westwood N. J. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW Benjamin Cohn 28 OLd Hook Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line fo (b) and ic PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse lost. DIVISION OF VITAL RECORDS, 2D1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei NO YES [ NO [ ntal Hygie 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. Me 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (this hospital) oftended saw the decessed plive ond that in the joint of the course on the date and hour and from the couses stated 40 obove. 226. SIGNATU DEGREE 22c. DATE SIGNED MEDICAL \* ATTENDING be deto e Stote I FUNERAL PHYSICIAN DIRECTOR PHYSICIAN STAME (TYPE OR PRINT 22d. PHYSICIAN 22e ADDRESS old b (57 Shoul with 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY BP. Woodbridge N. J. Beth Israel Burial 24 FUNERAL DIRECTOR 250. DATES DHMH - 16 50M 7/77 Danzansky-GoldbergInc. (VR A 15 (4))

STATE OF MARYLAND

BBEB6-51	
20	
70 24 - 1	
MANA THE	
The state of the s	

FOR

10100-0 a dunch The Mary State of the RESERVE OF THE PROPERTY OF THE PARTY OF when the company of the contract that were the contract that the with the test of the words and the second of the secon

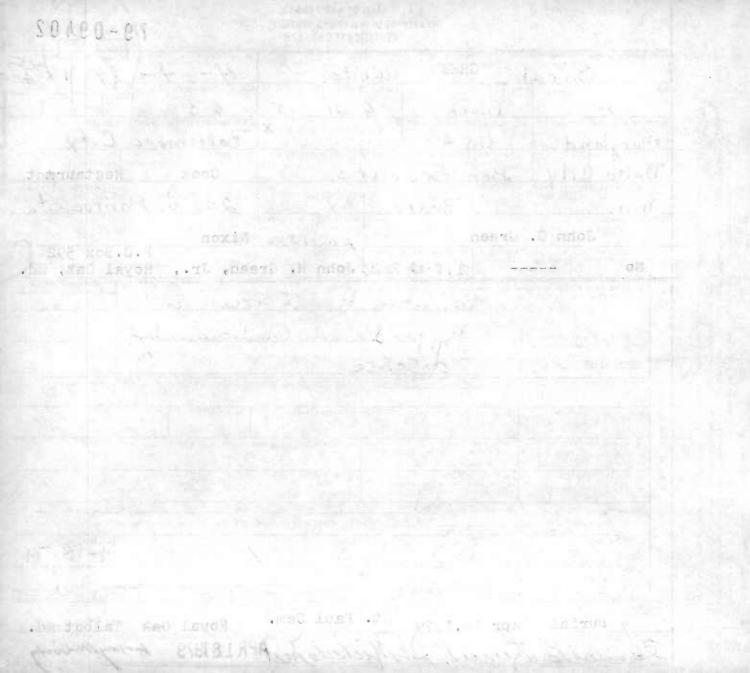
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-19417

	l ' '	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0 1 3	0 0 4	0 2
		CEASED NAME FIRST	MIDDLE	L.	AST		MONTH DAY	YEAR 2b.	HOUR
	. {TYPE	Sara	ch GREEN	WY	rite	4-	4-7	9 1	2744
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
-		F	Black	MONTH	2/ YEAR	63	YRS.	DAYS HO	JUKS MIN.
E.F.		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.		9 BALTIMORE CITY C		EATH	
8	1 .	OUNTRY)	II CA	MARRIEI	NEVER MARRIED	Boltin	nore (	7. + V	MD.
620		Maryland. TY ORTOWN OF DEATH	11. NAME OF HOSPITAL NURSI			12a. USUAL OCCUPAT		, KIND OF BL	
型っし	7	3 14. 10. 1.1	LIF NOT IN SUCH FACILITY CHE STREE		2 6	(TYPE OF WORK FOR MOST O		DUSTRY	adma +
05/	11011	AL DESIDENCE OF AUTOMORPHIC HOUSE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ou	. 2	Cook	Rε	estaur	'auri C
must b	13a. S	STATE 13b. COUI			134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	1. Mor	roe.	st.
in a	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN I	MIDDLE		LAST	The state of
XOX		John C	Green		Lavisa	M		LAST	
0 1	16a. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	P.O.F	30x 59	)2
redi	. (	YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	- 70 31	John H. G	reen, Jr.,		Oak,	
hen						,	1	APPROXIMATE BETWEEN ONSE	
t, to		PART I, DEATH WAS CAUSE	inly one couse per line for (a), (b), o ED BY:	1	Hast	E-1		BETWEEN ONSE	T AND DEATH
eve	-	IMMEDIA	ATE CAUSE (0) ON PLO	mue	TEAKI	Talline	^		
otic		4009	DUE TO, OR AS A CONSEQU	UENCE OF			Λ		
E C		Conditions, if ony, which	( 16) Hys	w	ensive (	adiocase	elan		
ir tre		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	HENCE OF					
athe		underlying cause last	Tool 10, OKAS A CONSTA	seas	2.				
ō		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
jury	Z								
<u>~</u>	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WER		
0 50	1					YES TO NOT	IN CERTIFYING YES		DEATH?
és —	E .	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121r HOW INJURY OCC	URRED (ENTER NATURE OF INJU			.0 []
00 -1		OR CONTRIBUTING CAUSE OF DE	THOUSE A ME MONITULE	DAY YEAR	THE THOM IS SORT OCC	ORRED (EITER TATORE OF 1100			
Hem	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER		19					
0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn co	YTAUC	STATE
orked	2	AT WORK ON AT WORK						726.073	
8		22a.   certify that (I) (this hasp	pital) attended the deceased from		., 19	, to	. 19	, that	(I) (we) lost
21 15		sow the deceased alive or	n19_		nd that in (my) (our) opini	on death occurred on the d	ote and hour and	from the cous	ses stated
E		22b. &tGNATURE	ot) view the body ofter death.		DEGREE			22c. DATE SIG	NED
T. If th	1	(Xalax)	BINODA	- lin	ATTENDING PHYSICIAN			4-10	-79
MPORTANT	1	224. PHYSICIAN'S NAME TYPE	OR PICTING)	,	22e. ADDRESS	~	11	9	1
OR.		Kobert	B Menay	del	Bon	recours	the	Dite	
<u>¥</u>	730	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAMEOFO	EMETERY OR CREMATOR	23d LOCATION		1	•
	230	SPECIFY)		St.	Paul Cem	CITY OR TOWN	COUN		STATE
_		Burial	Apr 10,1979			Roval	Uak Ta	albot	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

APR 181979 Forty Medistrar 256 REGISTRAR'S SIGNATURE



FOR

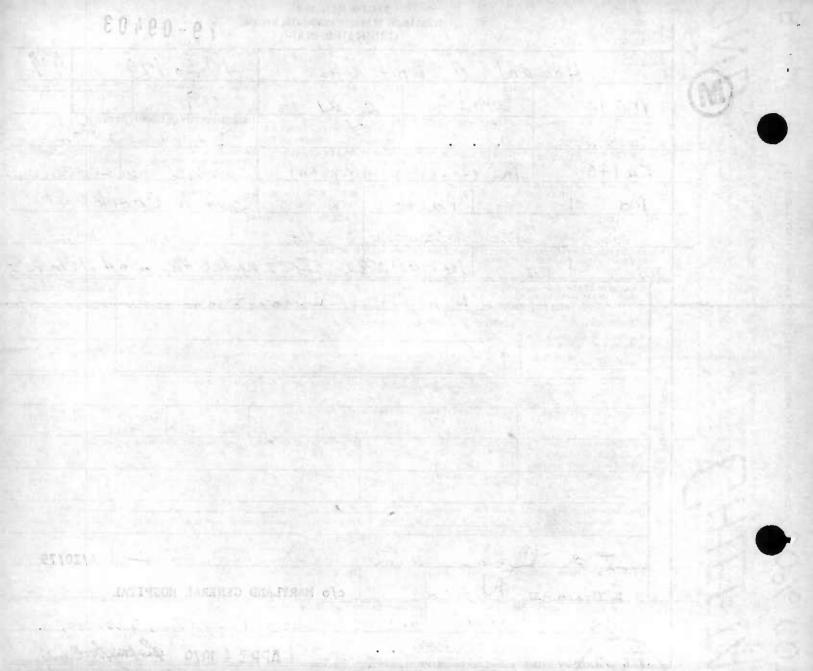
SIMIL OF IMPRICEDANCE		STATE	OF N	ARYLA	ND
-----------------------	--	-------	------	-------	----

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-09403

W	10	STATE REGISTRAR		CERTIFI	CATE OF DEATH		REG. NO	0 3 4 0	, ,	
	{TYPE	CEASED NAME FIRST OR PRINT)	ard C. W	hite	KeHLE		4/20	179		26 HOURS
	3. SEX	male	"White	5. DATE OF MONTH	BIRTH YEAR - 21- 00		GE (IN YEARS LAST BIRT	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3	, co	RTHPLACE (STATE OR FOREIGN DUNTRY) DUMBIA, Penna	7b. CITIZEN OF WHAT COUNTRY: $U_{ullet}                   $	WIDOWED			ALTIMORE CITY O	ane	2-12	Ho:
X		Balto.	Md-General	TADDRESS)	os pital	(TYP	USUAL OCCUPATI E OF WORK FOR MOST O Lectrical	F WORKING LIFE)	INDUSTRY	of Business or <u>tinghous</u> e
	13a. S	TATE 136, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO ITY 13c. CHY OR TOV	re admission)	134. INSIDE CITY LIMITS		STREET ADDRESS,	ChA	arles	St.
Z		John	Bailey Whitek		15. MOTHER'S MAIDEN FIRST Ida	NAME	Naus Addre		Wag	
			WAR OR DATES)	3-57	17. INFORMANT 32 INC	2 14	hiteKeHle	2 5c	, , ,	Charles St
	FICATION	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH	DEATH BUT I		21	00 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
1	AL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [	DAY YEAR	21c. HOW INJURY OC		ES NO	YES		№ □
	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
			tol) ottended the deceased from  19  11 view the body after death.	, and	, 19_d that in (my) (our) opi	inion deoth	to	ete and hour	ond from the	
		22d. PHYSICIAN'S NAME (TYPE OF	RPRINT NACK		22e. ADDRESS  C/O MARYI	LAND (	GENERAL H	OSPITA		
	23a. B	BURIAL, CRÉMATION, REMOVAL BURIAL BURIAL			emetery or cremato idae Cemete		d LOCATION CITY OR TOWN Pikesvil	_	county Itimor	STATE e.Md.
		INERAL DIRECTOR	nonal Dinoctoriste				D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))



5 以至前	DECI	EASED NAME OR PRINT)	Dori	S Is date o	OF BIRTH	MIDDLE Y.		terner	JNDER 24 HR	DEATH	KNOWN X ESTI- MATED		5 19	79 26. HC
<b>元工共享</b>		male	Black	MONTH MONTH		1953 25 <sub>YR</sub>	MONTHS	DAYS HO		PRONOUN DEAD	NCED	4		79 12:
101535	FORE	THPLACE (STATE OF COUNTRY)		U	. s.	AT COUNTRY?	WIDOWED		IVORCED [	Ba	ore city o	re Ci	ty,	
H S H S H		rortown or 1timore		II. NAM	in such faction M	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) [emorial Ho	spital	I INSTITUTION		JSUAL OCCUP OR MOST OF WOR		E OF WORK	OR INI	DUSTRY
RETAIN HOULD RECORE	SUAL la. ST	residence (#	IN NURSING HOME		TITUTION, GIVI	Baltimor		Bd. INSIDE CITY LI YES <b>X</b> N	MITS? 13.5	TREET ADDRE	ss Bide	ile	St.	
K Z Z X	at	HER'S NAME		MIDDLE		hiterner		Ola FIRST		Hous			Will:	Lams
DIVISION O	(YES	AS DECEASED I	EVER IN U.S. AF	RMED FORCE WAR OR DATE		215-58-0		Cora		rd 20	ADDRESS 43 E.		ddle	St.
INER ALONG RANSIT PERMI TAL HYGIENE, MOVAL.		Conditions	if onv. which		JE TO, OK A	S A CONSEQUENCE (	Jr.			(1-				
AND MENTAL		gove rise cause (a) st lying cause		e Du	(b)	S A CONSEQUENCE O	OF	R CONDITION GIV	EN IN PART 3 (a).					
7		gove rise cause (a) st lying cause	to immediated to ting the under the last.	DU.	(b)	S A CONSEQUENCE (	OF INAL DISEASE O			Q .			20. AUTO	
	CERTIFICATION	gove rise cause (a) st lying cause PART 2 OTHER SIGN 19a. DATE OF C	to immediate toting the under the last.  IFICANT CONDITION  OPERATION  CAUSE WAS	S CONTRIBUTION  191  211  DEATH	(c) (C) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ON FOR WHICH OPER  INJURY  MONTH DAY YEAR  19	INAL DISEASE O	S PERFORMED	)?	ER NATURE OF IN.	JURY IN ITEM 18 I	PART I OR PA	YES	
	EDICAL CERTIFICATION	gove rise cause (a) st lying cause PART 2 OTHER SIGN 19a. DATE OF C	to immediate toting the under toting the	S CONTRIBUTION  191  211 H DEATH 21	(c)  6 TO DEATH B  6 TO DEATH B	ON FOR WHICH OPER	INAL DISEASE O	S PERFORMED W INJURY OC	)?	ER NATURE OF IN.			YES	
NAERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL TRAN IS DEATH, WITH THE STATE DEPRIMENT OF HEALTH AND MENTAL MORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO	MEDICAL CERTIFICATION	gove rise cause (a) st lying cause (b) st lying cause (c) st lying cau	to immediate toting the under toting the	S CONTRIBUTION  199  211  DEATH  21  cross of the re-  rege of the re-  rege of the re-	(b)  JE TO, OR A  (c)  6 TO OEATH B  b. CONDITI  b. TIME OF  HOUR A.M. P.M. e PLACE O  STREET, FACTO  Commains desc	ON FOR WHICH OPER  MINJURY MONTH DAY YEAR  19  FINJURY (AT HOME,  RYP, FARM, ETC.)	ATION WAS  211. LOCA STRI  Autopsy icide	S PERFORMED  V INJURY OC  ATION  EET	CURRED (ENI	CITY OR TO	wn anner ,	co d in my a DATE SIGNI	YES  UNITY  pinion  ED 4/6	STA

Baltimers in 2007 = Middle ns. 12. Markette ns. 12. Marke 21-- s-0192 Fore Senford 2043 F. Biddle Bt. Derivat MAIO/70 Baletoner Cometrum Paletoner, Md. dm. C. Morch E/R 1901 F. North Ave. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH

79-09405

	CEASED NAME	FIRST	WIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HQ	UR /		
{TYPE	OR PRINT)	1 . 4		(1)	1 1	r		- 11	01 00	2 4	45		
		Wahl	er W.		nit loc	-		04	00/	1 '	my		
3. SE	X A		RACE	5. DATE	OF BIRTH	6	AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 Y	AR IF UNDE	R24 HRS		
3. 02	RA		1.	MON		YEAR	171		MONTHS DA	YS HOURS	MIN.		
	101		W	0	01	08	- 11	YRS					
Zn Ri	RTHPLACE AUSTATE C	DEODEIGNI 76	CITIZEN OF WHA	T COUNTRY? 8			BALTIMORE CITY			1	- 17		
	OUNTRY)	A TOREION	11/	MARR	IED NEVER M	ARRIED .	0- 01		0 1	11			
	1/18(1	York	US	A WIDOV	VED TIL DIV	ORCED	roall	MOTY	Cut	V	ME		
18 C	ITY OR TOWN OF	DEATH 11	NAME OF HOSP	ITAL, NURSING HOME			20 USUAL OCCUPAT			D OF BUSIN			
10 0		1		HY, GIVE STREET ADDRESS)	^		TYPE OF WORK FOR MOST				140		
	mit	More!	South 1	Salti mo	~ (58 M)	eral Hosp	though	Kati	7 11-	Da. 0 S	4 01		
MSII	AL DECIDENCE UEA		HED INSTITUTION CIVE D	RESIDENCE BEFORE ADMISSION			· yucu		de minima	and with the	0.20111		
	STATE	13b. COUNTY		CITY OR TOWN	113d INSIDE	LIMITS?	3e. STREET ADDRESS		10				
	Maryland	01 11 100		6.6.60	4	NO	3 lives	7	AU	2. 2	177		
	THUI YIUM		designation.	4.4.00		MAIDEN NAMI	0 000	71	, , ,	-1 1	100		
14 14	ATHER'S NAME	MIDI	DIE	TZAI		IRST	MIDDLE			LAST			
1	ERA	ALV	luh	HIML		11.01		un					
	1- 1-1/	10	WI	1100	-		The same of the sa		`		77.7		
	WAS DECEASED EV	ER IN U.S. ARME		SOCIAL SECURITY NO.	17. INFORMAN	NT	ADD	E33	0	2/2	30		
(	( CONKNOWN)	(IF TES, GIVE WA	TI TI	1 77-4071	100	. 0.	1 , 7	252	7	· Oi	6-		
	Mes	W.W.	11 01/2	1-00-17/0	Ti Collect	2 dan	Korph -11	711	Unaug	cen	Cong		
	CAUSE OF DE	ATH (Enter only )	one cause per line f	or (a), (b), and (c)		. 1	11		BETW	ROXIMATE INTI	D DEATH		
110	PART I. DE ATH	WAS CAUSED B	BY:	2. 4 1	and not	and n		11 01	1.				
	, ,	IMMEDIATE C	CAUSE (a)	CULL PULL	yray low	ma c	nitre Ban	Marini	in				
	1/229			· conscionation of									
	1000/		DUE TO, OR AS	do.	. 11 -	DUE TO, OR AS A CONSEQUENCE OF							
	Conditions, if any, which (b) Syranous all Carcumer of left lung												
			(b)	3 July 1000	all ca	Cumul	of suff.	king					
	gove rise to	immediate	(b)	C	all ca	Cumil	of lift.	eing					
	gave rise to cause (a), sto	immediate ating the	DUE TO, OR AS	A CONSEQUENCE OF	uer car	(Cumil	of left.	king					
	gove rise to	immediate ating the	DUE TO, OR AS	C	all (a)	Cume	of left.	eing					
	gove rise to cause (a), sto underlying ca	immediate ating the use last.	(c)	C	JT NOT RELATED		1 20	eling notition (	GIVEN IN PAR	T 1(o)			
N	gove rise to cause (a), sto underlying ca	immediate ating the use last.	(c)	a consequence of	JT NOT RELATED		1 20	VIIILY	GIVEN IN PAR	T 3(o)			
NOIL	gove rise to cause (a), strunderlying ca	immediate pting the use last.	(c) NDITIONS <u>CONTR</u>	A CONSEQUENCE OF		TO THE TERMIN	JAL DISEASE OR COI		FE CALL				
CATION	gove rise to cause (a), sto underlying ca	immediate pting the use last.	(c) NDITIONS <u>CONTR</u>	a consequence of		TO THE TERMIN	1 20	20b. IF '	YES, WERE FIN	DINGS USE			
IFICATION	gove rise to cause (a), strunderlying ca	immediate pting the use last.	(c) NDITIONS <u>CONTR</u>	A CONSEQUENCE OF		TO THE TERMIN	VAL DISEASE OR COI	20b. IF 'IN CER	YES, WERE FIN TIFYING CAU	DINGS USE SES OF DEA	TH?		
RTIFICATION	gove rise to couse (a), stunderlying ca  PART 2. OTHER S	immediate ating the use last.  IGNIFICANT COT	(c) CONTR	A CONSEQUENCE OF	ON WAS PERFOR	TO THE TERMIN	VAL DISEASE OR COI	20b. IF	YES, WERE FIN TIFYING CAU YES []	DINGS USE SES OF DEA NO	TH?		
CERTIFICATION	gove rise to couse (a), shounderlying comparts of the country of t	immediate ating the use last.  IGNIFICANT COT  RATION  UNDERLYING	ODITIONS CONTR	C A CONSEQUENCE OF IBUTING TO DEATH BU I FOR WHICH OPERATI	ON WAS PERFOR	TO THE TERMIN	VAL DISEASE OR COI	20b. IF	YES, WERE FIN TIFYING CAU YES []	DINGS USE SES OF DEA NO	TH?		
IL CERTIFICATION	gove rise to cause (a), strunderlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [	immediate pating the use last.  IGNIFICANT COT  RATION  UNDERLYING   CAUSE OF DEATH	NDITIONS CONTR  196 CONDITION  216. TIME OF INJ HOUR A.M.	A CONSEQUENCE OF  IBUTING TO DEATH BU  I FOR WHICH OPERATI  URY  MONTH DAY YEA	ON WAS PERFOR	TO THE TERMIN	VAL DISEASE OR COI	20b. IF	YES, WERE FIN TIFYING CAU YES []	DINGS USE SES OF DEA NO	TH?		
	gove rise to couse (a), shounderlying comparts of the country of t	immediate pating the use last.  IGNIFICANT COT  RATION  UNDERLYING   CAUSE OF DEATH	ODITIONS CONTR	C A CONSEQUENCE OF IBUTING TO DEATH BU I FOR WHICH OPERATI	ON WAS PERFOR	TO THE TERMIN	VAL DISEASE OR COI	20b. IF	YES, WERE FIN TIFYING CAU YES []	DINGS USE SES OF DEA NO	TH?		
	gove rise to cause (a), strunderlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [	immediate pating the use last.  IGNIFICANT COT  RATION  UNDERLYING   CAUSE OF DEATH  EDICAL EXAMINER)	196 CONDITION 216. TIME OF INJ HOUR A.M. P.M. 216. PLACE OF IN	A CONSEQUENCE OF  IBUTING TO DEATH BU  FOR WHICH OPERATI  URY  MONTH DAY YEA  19	21c. HOW INJ	TO THE TERMIN	IAL DISEASE OR COI  200 AUTOPSY?  YES MO D  CENTER NATURE OF INJ	20b. IF Y IN CER	YES, WERE FIN TIFYING CAU YES B, PART I OR PART	NDINGS USE SES OF DEA NO (	TH?		
MEDICAL CERTIFICATION	gove rise to cause (a), strunderlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M)  21d. INJURY OCC	immediate pating the use last.  IGNIFICANT COT  WINDERLYING CAUSE OF DEATH  DICAUSE OF DEATH  DICAL EXAMINER)  URRED	196 CONDITION 216. TIME OF INJ HOUR A.M. P.M. 216. PLACE OF IN	A CONSEQUENCE OF  IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19	ON WAS PERFOR	TO THE TERMIN	VAL DISEASE OR COI	20b. IF Y IN CER	YES, WERE FIN TIFYING CAU YES []	NDINGS USE SES OF DEA NO (	TH?		
	gove rise to couse (o), stunderlying countrying countrying country of the country	immediate pating the use last.  IGNIFICANT COT  RATION  UNDERLYING   CAUSE OF DEATH  EDICAL EXAMINER)	196 CONDITION 216. TIME OF INJ HOUR A.M. P.M. 216. PLACE OF IN	A CONSEQUENCE OF  IBUTING TO DEATH BU  FOR WHICH OPERATI  URY  MONTH DAY YEA  19	21c. HOW INJ	TO THE TERMIN	IAL DISEASE OR COI  200 AUTOPSY?  YES MO D  CENTER NATURE OF INJ	20b. IF Y IN CER	YES, WERE FIN TIFYING CAU YES B, PART I OR PART	NDINGS USE SES OF DEA NO (	TH?		
	gove rise to couse (o), strumderlying couper (o), strumderlying couper (o), strumderlying couper (o), strumderlying couper (o), strumderlying (o), strumderlying (iffetimer, notify miles), strumderlying (o), strumderlying couper (o), strumderlying coupe	immediate pring the puse last.  IGNIFICANT COT  RATION  UNDERLYING   CAUSE OF DEATH  CHOICAL EXAMINER)  URRED  T WHILE  WORK	196 CONDITION  216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUENCE OF  IBUTING TO DEATH BU I FOR WHICH OPERATI  URY MONTH DAY YEA  19  JURY ACTORY, OFFICE, FARM, ETC.)	21c. HOW INJ	TO THE TERMIN	IAL DISEASE OR COI  200 AUTOPSY?  YES MO D  CENTER NATURE OF INJ	20b. IF Y IN CER	YES, WERE FIN TIFYING CAU YES B, PART I OR PART	NDINGS USE SES OF DEA NO	STATE		
	gove rise to couse (o), stunderlying couper (o	IMMEDIATE DICAL EXAMINER  UNDERLYING UNDERLY	196 CONDITIONS  216. TIME OF INJ HOUR A.M. 21e. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUENCE OF  IBUTING TO DEATH BU  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)	21c HOW INJ	TO THE TERMIN  RMED  JURY OCCURRE  N  19	AL DISEASE OR COL	20b. IF IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY	NDINGS USES OF DEA NO	STATE (we) lo		
	gove rise to cause (a), strunderlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M) 21d. INJURY OCC WHILE AT WORK AT  22a. I certify that sow the deci	immediate pating the use last.  IGNIFICANT COT  UNDERLYING CAUSE OF DEATH DICAL EXAMINER)  URRED  T WHILE  (I) (this hospital)	19b CONDITIONS 21b. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUENCE OF  IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)  7 G 19	21c HOW INJ	TO THE TERMIN  RMED  JURY OCCURRE  N  19	280 AUTOPSY? YES NO D  CENTER NATURE OF INJ	20b. IF IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY	NDINGS USES OF DEA NO	STATE (we) k		
	gove rise to couse (a), stunderlying country (a), stunderlying country (b) and the country (c) and the cou	immediate pating the use last.  IGNIFICANT COT  UNDERLYING CAUSE OF DEATH DICAL EXAMINER)  URRED  T WHILE  (I) (this hospital)	196 CONDITIONS  216. TIME OF INJ HOUR A.M. 21e. PLACE OF IN (AT HOME, STREET, FA	IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)  7 G 19	21f. LOCATIO STREET	TO THE TERMIN  RMED  JURY OCCURRE  N  19	AL DISEASE OR COL	20b. IF IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USE SES OF DEA NO   2)	STATE (we) lo		
	gove rise to cause (a), strunderlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M) 21d. INJURY OCC WHILE AT WORK AT  22a. I certify that sow the deci	immediate pating the use last.  IGNIFICANT COT  UNDERLYING CAUSE OF DEATH DICAL EXAMINER)  URRED  T WHILE  (I) (this hospital)	19b CONDITIONS 21b. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)  7 G 19	21f. LOCATIO STREET  21f. LOCATIO STREET  D 5 7 9  ond that in (my) (	TO THE TERMIN  RMED  JURY OCCURRE  N  19  (our) opinion de	280 AUTOPSY? YES NO CITY OR TO	20b. IF IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USES OF DEA NO	STATE (we) lo		
	gove rise to couse (a), stunderlying country (a), stunderlying country (b) and the country (c) and the cou	immediate pating the use last.  IGNIFICANT COT  UNDERLYING CAUSE OF DEATH DICAL EXAMINER)  URRED  T WHILE  (I) (this hospital)	19b CONDITIONS 21b. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)  7 G 19	21c HOW INJ R 21c HOW INJ 21f. LOCATIO STREET  Ond that in (m/y) ( DEGREE	TO THE TERMIN  RMED  JURY OCCURRE  N  19  (our) opinion de	AL DISEASE OR COL	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USE SES OF DEA NO   2)	STATE (we) lo		
	gove rise to cause (a), strunderlying ca  PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M)  21d. INJURY OCC WHILE	immediate paring the paring the paring the paring the use last.  IGNIFICANT CON  RATION  UNDERLYING	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)  7 G 19	21c HOW INJ 21f. LOCATIO STREET  DEGREE A P	TO THE TERMIN  RMED  JURY OCCURRE  N  , 19  (our) opinion de	AL DISEASE OR COL  200 AUTOPSY?  YES  NO   CITY OR TO  TO 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USE SES OF DEA NO   2)	STATE (we) lo		
	gove rise to couse (a), stunderlying country (a), stunderlying country (b) and the country (c) and the cou	immediate paring the paring the paring the paring the use last.  IGNIFICANT CON  RATION  UNDERLYING	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)  7 G 19	21c HOW INJ R 21c HOW INJ 21f. LOCATIO STREET  Ond that in (m/y) ( DEGREE	TO THE TERMIN  RMED  JURY OCCURRE  N  , 19  (our) opinion de	AL DISEASE OR COL  200 AUTOPSY?  YES  NO   CITY OR TO  TO 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USE SES OF DEA NO   2)	STATE (we) lo		
	gove rise to cause (a), strunderlying ca  PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M)  21d. INJURY OCC WHILE	immediate paring the paring the paring the paring the use last.  IGNIFICANT CON  RATION  UNDERLYING	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  IJURY ACTORY, OFFICE, FARM, ETC.)  7 G 19	21c HOW INJ 21f. LOCATIO STREET  DEGREE A P	TO THE TERMIN  RMED  JURY OCCURRE  N  , 19  (our) opinion de	AL DISEASE OR COL  200 AUTOPSY?  YES  NO   CITY OR TO  TO 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USE SES OF DEA NO   2)	STATE (we) lo		
MEDICAL	gove rise to couse (o), stunderlying couper (o), sow the decobove, (i) (w), stunderlying couper (i), sow the decobove, (i) (w), stunderlying couper (i), sow the decobove, (ii) (w), stunderlying couper (ii), sow the decobove, (ii), sow the decobove, (iii), sow the decobove, (iiii), sow the decobove, (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	IMMEDIATE (TYPE OF PR	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA  attended the dec	A CONSEQUENCE OF  IBUTING TO DEATH BU I FOR WHICH OPERATI  URY MONTH DAY YEA  19  JURY ACTORY, OFFICE, FARM, ETC.)  19  10  10  10  10  10  10  10  10  10	21f. LOCATIO STREET  21f. LOCATIO STREET  D 5 / 5 / 9  ond that in (my) (  DEGREE  22e. ADDRESS	TO THE TERMIN  RMED  JURY OCCURRE  IN  , 19  (our) opinion de  TTENDING  HYSICIAN  S  M. Bok	AL DISEASE OR COL  280 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL ST.  DIRECTOR PHYS	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USE SES OF DEA NO   2)	STATE (we) lo		
MEDICAL	gove rise to cause (a), stunderlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI  21d. INJURY OCC  WHILE AT  22a. I certify that saw the decadove, (i) (will cause) 22d. PHY SICIAN'S	IMMEDIATE (TYPE OF PR	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUENCE OF  IBUTING TO DEATH BU I FOR WHICH OPERATI  URY MONTH DAY YEA  19  JURY ACTORY, OFFICE, FARM, ETC.)  19  10  10  10  10  10  10  10  10  10	21c HOW INJ 21f. LOCATIO STREET  DEGREE A P	TO THE TERMIN  RMED  JURY OCCURRE  IN  , 19  (our) opinion de  TTENDING  HYSICIAN  S  M. Bok	AL DISEASE OR COL  280 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL ST.  DIRECTOR PHYS	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B, PART I OR PART  COUNTY  Z. 19  OUT and from	NDINGS USE SES OF DEA NO   2) -, that (I) the couses s	STATE  (we) lotated		
MEDICAL	gove rise to cause (a), she underlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M)  21d. INJURY OCC WHILE NOTIFY M  22a. I certify that saw the decadove, (b) (w)  22d. PHYSICIAN'S  BUMAL, CREMATIC (SPECIFY)	IMMEDIATE (TYPE OF PR	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA  attended the dec	A CONSEQUENCE OF  IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  1JURY ACTORY, OFFICE, FARM, ETC.)  TO See Seed from 19  Gedth, 19  23( MAME OF	21c HOW INJ R 21f. LOCATIO STREET  DEGREE P 22e ADDRESS CEMETERY ORG	TO THE TERMIN  RMED  JURY OCCURRE  IN  19  (our) opinion de  TTENDING HYSICIAN  REMAJORY	AL DISEASE OR COL  200 AUTOPSY?  YES  NO   CITY OR TO  TO 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B. PART I OR PART COUNTY  Z. 19	NDINGS USE SES OF DEA NO   2) -, that (I) the couses s	STATE (we) lo		
MEDICAL	gove rise to couse (10), studentying couper (10), so coupe	IMMEDIATE  JOHN TO THE TOTAL TO THE TOTAL THE	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA  attended the dec	A CONSEQUENCE OF  IBUTING TO DEATH BU I FOR WHICH OPERATI  URY MONTH DAY YEA  19  JURY ACTORY, OFFICE, FARM, ETC.)  19  10  10  10  10  10  10  10  10  10	21f. LOCATIO STREET  21f. LOCATIO STREET  D 5 / 5 / 9  ond that in (my) (  DEGREE  22e. ADDRESS	TO THE TERMIN  RMED  JURY OCCURRE  IN  19  (our) opinion de  TTENDING PHYSICIAN  REMAJORY	AL DISEASE OR COL  28a AUTOPSY?  YES NO D  CITY OR TO  OTHER NATURE OF INJ  CITY OR TO  MEDICAL DIRECTOR DPHYS  23d LOCATION  CITY OF TOWN	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B, PART I OR PART  COUNTY  Z. 19  OUT and from	NDINGS USE SES OF DEA NO   2) -, that (I) the couses s	STATE (we) lo		
WEDICAL MEDICAL	gove rise to cause (a), she underlying ca  PART 2. OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M)  21d. INJURY OCC WHILE NOTIFY M  22a. I certify that saw the decadove, (b) (w)  22d. PHYSICIAN'S  BUMAL, CREMATIC (SPECIFY)	IMMEDIATE  JOHN TO THE TOTAL TO THE TOTAL THE	196 CONDITIONS 216. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA  attended the dec	A CONSEQUENCE OF  IBUTING TO DEATH BL  I FOR WHICH OPERATI  URY MONTH DAY YEA  19  1JURY ACTORY, OFFICE, FARM, ETC.)  TO See Seed from 19  Gedth, 19  23( MAME OF	21c HOW INJ R 21f. LOCATIO STREET  DEGREE P 22e ADDRESS CEMETERY ORG	TO THE TERMIN  RMED  JURY OCCURRE  IN  19  (our) opinion de  TTENDING HYSICIAN  REMAJORY	AL DISEASE OR COL  28a AUTOPSY?  YES NO D  CITY OR TO  OTHER NATURE OF INJ  CITY OR TO  MEDICAL DIRECTOR DPHYS  23d LOCATION  CITY OF TOWN	20b. IF Y IN CER	YES, WERE FINTIFYING CAU YES  B, PART I OR PART  COUNTY  Z. 19  OUT and from	NDINGS USE SES OF DEA NO   2) -, that (I) the couses s	STATE (we) I tated		

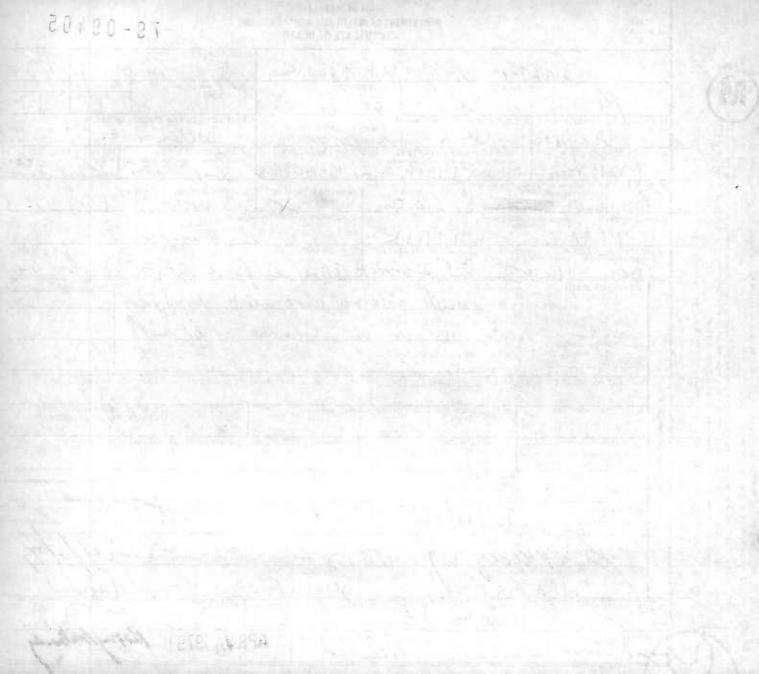
DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 721 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar other traumatic event, the



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09406

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINT) WHITMORE IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAPO 8 HOURS White Male **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland. USA U.S.A. BALTIMORE CITY WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR itype of work for most of working life) INDUSTRY Truck Driver-Branch Motor Express (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE AGNES HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore " TO Meadowview Dr. Md Md Woodlawn 136 INSIDE CITY LIMITS? YES [ NO M 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Whi thore Ritter Lydia 17 INFORMANT MYS. Mary F. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-05-9621 2109 Meadowview Drive Balto. Md. 21207 none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling for (or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Rheumonic heart disease Conditions, if any, which gove rise to immediate (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES 🗍 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (plid) (did not) view the body after death DEGREE 22c DATE SIGNE 22h SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT 900 CATON AVE BALTIMORE, MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial 4/25/79 Woodlawn Cemetery Woodlawn 24. FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250 DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, Maryland 21133 APR

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIS should be detach with the State De

nto! Hygier

8

0

MPORTANT

90161-61

10+00-01			
	DISTINCT BEI		
		Basic Property	
	WILLIAM		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furneral should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages I and 2 shauld be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

natified at ance

medical

injury, ar ather traumotic

MPORTANT: If Item 21 is marked or Item 18 shaws any

	STATE OF MARYLAND		
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
- STATE			

09408

1 -	STATE REGISTRAR			CATE OF DEATH	REG. NO	9-034		
	CEASED NAME FIRST OR PRINT) BABY	GIRL OF DEL	ORES WI	LL IAMS	APRIL 8	MONTH DAY YEAR	8:25A <sub>M</sub>	
3. SE	FEMALE	1. RACE BLACK	5 DATE OF	7° 1979	6 AGE (IN YEARS LAST BIRT	HDAY)  IF UNDER 1 YE  MONTHS DA'  YRS.		
	RTHPLACE (STATE OR FOREIGN OUNTRY) MD .	76 CITIZEN OF WHAT COU	MARRIED WIDOWEL	NEVER MARRIED A		R COUNTY OF DEATH		
10 CI	BALT I MORE	THE SUGHER SY			TYPE OF WORKER MOREO	ON 12b. KINI F WORKING LIFE) INDUST	D OF BUSINESS OR RY	
USU, 13a S	AL RESIDENCE (IF NURSING HOME STATE MD 136 CO	E OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY	TIPMORE	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	RLEY AVE.		
14 FA	RONALD	MIDDLE WRAGL <sup>L</sup>		15. MOTHER'S MAIDEN NA.		WILL	TAMS	
16a. V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS		
NOI	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS USED SES OF DEATH?	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART :	2)	
MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	vn COUNTY	STATE	
	sow the deceased olive	Hackell	_19 <u>79</u> , and	ATTENDING PHYSICIAN E	MEDICAL STAF	22c. DA	ATE SIGNED	
23a (	BURIAL, CREMATION, REMOV SPECIFY) CREMATIO		23c JOHNS	METERY PROFESSION	23d. LOCATION	MORE COUNTY	NSTATE MID	

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR NAME

ADDRESS

23d LOCATION IMORE

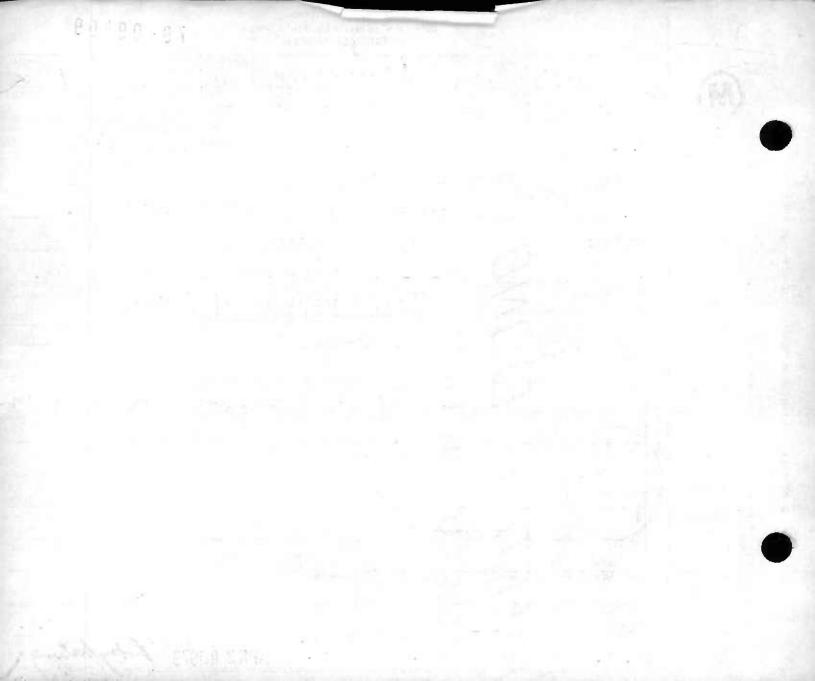
APR 16 1979

80100-07 EIELGIAVA FOR

C. March F/H

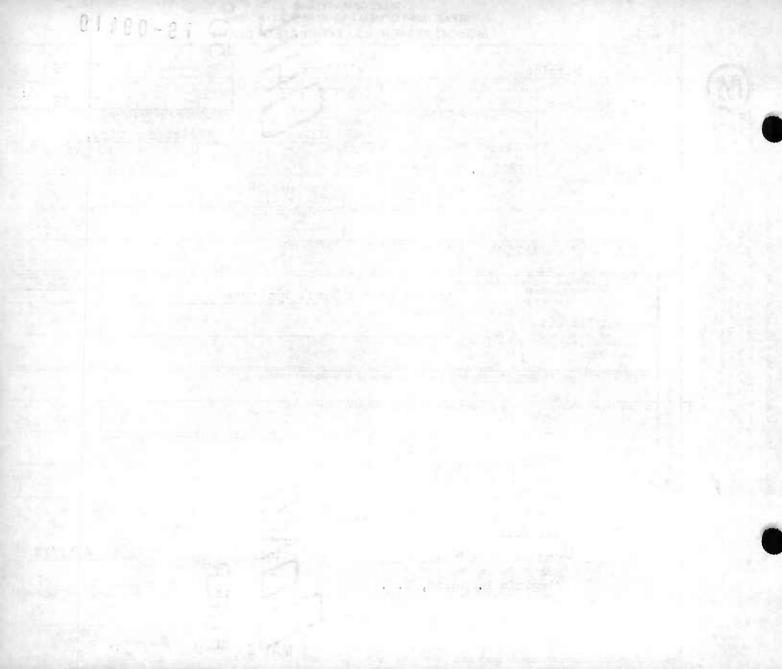
(VR A 15 (4))

STATE OF MARYLAND



15M 7/76

STATE OF MARYLAND



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09111 70

1979

APR 4

REGI	STRAR				CERTI	FICATE OF DEATH		REG. NO.	J 4	1 1	
1. DECEASEI (TYPE OR PRIN		CALVI		DORIS		ILLIAMS	2a DATE OF DE	ATH MONTH	1	79	26 HOUR 5:30pt
3 SEX MAL			4 RACE WH	ITE	5. DATE	OF BIRTH  DAY YEAR  11 13	6 AGE (IN YEARS	LAST BIRTHDAY)	MONT	HS OAYS	IF UNDER 24 HE HOURS MIN
COL	ORADO		U.S		WIDOW		9. BALTIMORE BALT	CITY OR COU		DEATH	
	TOWN OF DE			TCA'L GENT		OR OTHER INSTITUTION	120 USUAL OCC			ZE KIND C	Emp.
MARY	LAND	13h COUN	OTHER INSTITUTION,	Sever	• 1	13d. INSIDE CITY LIMITS? YES NO	13e 8767ADE	OWNEY I	ROAD	211	44
4 FATHER'S	WILLIAN	1 '	MIDDLE H.	WILLIAM	ſS	15. MOTHER'S MAIDEN NAM		IDD IE		Hen	sley
60 WAS DE	CEASED EVER	IN U.S. AR	MED FORCES?	55334431		Mrs. Virgin		ADDRESS Willia		me a	s 13
18 CA	USE OF DEAT	H (Enter on	ly one couse p	line for (a), (b), and	d (c)	A	L		1	BETWEEN	MATE INTERVAL ONSET AND DE AT
PA	RT I. DEATH V	IMMEDIAT	/ 1	ardiote	OPINO	Hory arres				11	hau
-5	188		DUE TO O	R AS A CONSEQUE	NCE OF	.0				3.57	
Cond	ditions, if ony	, which	( (b) =	enterstit	se f	"Wemonary des	ease, un	known	>	yea	ars
	e rise to im		DUETO	R AS A CONSEQUE	NCE OF		et	Docu		0	
unde	erlying couse	e lost	(5)	N AO A CONSEGUE			~	N			
PART	2 OTHER SIG	NIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OF	RCONDITION	GIVEN I	N PART II	0)
No.	A 1	one	4								
CERTIFICATION 130 D	ATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPS				NGS USED
FE	No	ne		-	_		YES TI NO		RTIFYING		OF DEATH?
21g A	CCIDENT WAS UN		216. TIME O	FINJURY		21c. HOW INJURY OCCURE		-			NO []
00.00	INTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DA							
	HER, NOTIFY MEDIC		P.I		19	211, LOCATION					
WHILE	NJURY OCCUR		21 e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CIT	Y OR TOWN	C	YINUO	STATE
AT WO	RK L AT W	ORK L									
				e deceosed from _		CH 14 19 79	, toAPR				that X (we) le
50	bove, Nr (we) (	ed olive on,	view the body	ofter depth.	79 0	nd that in XX (our) opinion	deoth occurred or	the dote and	hour one	d from the	couses stated
22b. S	GNATURE			0.0		DEGREE				22c DATE	SIGNED
0	Neno	ball	RFai	elkroi	-m	ATTENDING PHYSICIAN F	MEDICAL DIRECTOR	STAFF	/	4/1	179
22d. P	HYSICIAN'S N	AME (TYPE OF	R PRINT]			22e ADDRESS 3900			-	1	, ,
PKS	ATINS	UR	FALL	KNIER	M						
22- 0110141	COEMATION	DEMONA	G 2000		LAME OF A	CEMETERY OR CREMATORY	(V. C. Allahama)	W			
(SPECIFY)	Buria		23b. DATE			enham Vet.			cour		STATE
24 51115		1/10	TWDI II	3,17	ne i c						arylan
4 FUNERA	LDIRECTOR	1410	chara	ne, Glen		25a. DATI	E REC'D. BY REGI		STRAR	SSICNAT	Beach
ingl	eton	runei	ral Hor	ne, Glen	Burr	nie, Ma.   AP	R 4 19	79	1	1000	7

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

11700-07			
4 1 79 5:30	PAREN	Sidod	7.0
	11 12	STEEL STEEL	3141
BALLY GOES CITY,	H H	.A.B.U	0.0350400
Accountant   Sell Ama.		marken molton, A.V	SOUTHE
C707 DOMEY HOAD 20144	X	PRODUCTION TO TA	T CLIMBII
water the	ARNIV	H. SILLIAMS	Marian -
CI as ons. (Dlw) Somithin	ars. Viroli	WELL 553346315	
No state			
75 T.	14 79 15	IM DUK APRIL 1 79	X t= -x
O VIVII MAY O CONTRACTOR OF THE STATE OF THE	1 Spor rods		ayo. sh
		A CONTRACT OF THE PARTY OF THE	

STATE OF MARYLAND 79-094 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR FIRST 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINT) HARLES 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS BOL 05 To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED JURDOW WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR I IF NOTAIN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY by MARYLAND 212D SWO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 36. COUNTY 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS pino YES | NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 e MIDDLE LAST FIRST FIRST MIODLE LAST ond James ams Henrietta 17. INFORMAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Pages Winkfield (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) physica APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ple ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, IFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NOF YES -NO [ CERT 710. ACCIDENT WAS UNDERLYING 715 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 189 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR sow the deceased alive on\_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL WY 1 FUNERAL PHYSICIAN DIRECTOR PHYSICIAND 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS ld b IMPORT O de 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN COUNTY STATE BP Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 ADDRESS NAME (VR A 15 (4)) Charles Eutaw Place

21120-01 Company of the contract of the contra A LEAST CONTROL OF DESIGNATION OF THE PROPERTY OF THE PROPERTY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2e DATE OF DEATH MONTH Zh. HOUR 3 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR CAYS HOURS 043 70 BIRTHPLACE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH PACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III COUNTY 134 INSIDECITY LIMITS? YES P NO [ A FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ( IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Canditions, if ony, which gave rise to immediate (a), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ ACCIDENT WAS UNDERLYING 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21s PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS d b 23a. BURIAL CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITYOR TOWN COUNTY Md. Burial Arbutus Mem. Pk. Arbutus. BP. 250 DATE REC'D, BY REGISTRAR 256 POSTRAR'S SCHAPURE 24 FUNERAL DIRECTOR DHMH-16 20M 1101 E. North Ave. March F/H (VRA 15, 4) 7/7B

1		1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-09414  CERTIFICATE OF DEATH  OFFICE OF DEATH	
60	K		REG. NO.	YEAR 2b. HOUR
4 (30)	1)		1) Elizabeth Williams 4-20-79	3:10 PM
ge 4 mg ector, rs ofter	400	3 SE	Female Black 5 Date of Birth 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS  TO 22 1897 81 YRS.	YEAR IF UNDER 24 HRS DAYS HOURS MIN
ath. Par oral direct	ance.		BIRTHPLACE STATE OR FOREIGN COUNTRY?  Va.  76 CITIZEN OF WHAT COUNTRY?  U. S. A.  8 MARRIED   NEVER MARRIED   Baltimore City OR COUNTY OF DEAD   Baltimore City	тн
er dec	ed at	10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. K	(IND OF BUSINESS OR
_ # # p	1045		Baltimore Good Samaritan Hospital	JSTRY
AND 21; n 24 hau filled in hauld be	r must be	USU, 13a S	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATEMOL.  134. COUNTY  136. STREET ADDRESS  YES A NO   136. STREET ADDRESS  2016 Ellsworth	St.
ARYL   withi   pletely nd 2 sl	omine		FATHER'S NAME FIRST MIDDLE  IS MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
E, MA cuted comp	ol exc		Charles Mills Malinda Eave	·S
IMORE e exec	medica	(	No   (FYES, GIVE WAR OR DATES)   214-22-6893   Marie Hunt 1715 Darley Ave	
BALT cote k	event, the		PART I, DEATH WAS CAUSED BY	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
N ST.			1209 IMMEDIATE CAUSE 10) Sepsis - Serra tra Marce-scens	
deoth deoth ove co	ian, a		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which	
W. PRE hat the c by the c	ial, crematian, ar i ar other troumatic		gove rise to immediate couse (a), stating the underlying cause lost.	
S, 20 urres 1 signed en ple	bur,	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	ART I(o)
CORD www.req been s mit. Th	priar ta any inju	ATIO	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF YES, WERE	FINDINGS USED
NI REC		CERTIFICATION		AUSES OF DEATH?
DF VITA CIAN: T physici rrificote	Hem 18 shaws		21a. ACCIDENT WAS UNDERLYING	ART 2)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion.  When this certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be file	oith and Men marked or Ite	MEDICAL	216. NJURY OCCURRED  WHILE AT WORK AT WORK AT WORK	TY STATE
FENDIN fol or OR. Aff			220.1 certify that (1) this haspital pattended the deceased from April 13 19 79 to April 20 19 79 sow the deceased glive an April 20 19 79 and that in (my) our popular death accurred on the date and hour and from	, mor (1) e-o just
OR ATT DIRECT DOCHED FO	ept. al		obove, ((www.) (did))(did not) view.) he body ofter death.	DATESIGNED
A P A P A P A P A P A P A P A P A P A P	Z = Z		Dail Wilson, M. O ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DO	4/21/29
TO HOSPITAL etained by th TO FUNERAL should be det	with the State Dept. at He MPORTANT: If Item 21 is		PAIL WILSUM, M.D. 220. ADDRESS  GAL WILSUM, M.D. Gurd Sanaulan Hospi	he Back
BP	s <u>s</u>	23o. E	BURIAL, CREMATION, REMOVAL 4/26/79 Mt. Calvary Ceme. 23d LOCATION Anne OF CEMETERY OR CREMATORY Anne Arunde Court	ounty, STATE Md
DHMH - 16 50M (VR A 15 (4) )			FUNERAL DIRECTOR  Vm. C. March F/H 1101 E. North Ave.  APR 23 1979  APR 23 1979	Kalredy

11100-07

The section of the Burst All and the Section of the

The firement and the position of the firement of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME YEAR 20. DATE KNOWN [TYPE OR PRINT] **JOHN** C. WILLTAMS DEATH MATED YEAR 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY! PRONOUNCED 79 DEAD **Black** 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED [ Baltimore City FILED, 301 W IN SUCH FACILITY, GIVE STREET ADDRESS) 250 McMechen (on street)DOA BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SHOULD 138. INSIDE CITY LIMITS? 13b. COUNTY MIDDLE MIDDLE DIVISION OF CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive cardiovasculær disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION aortic valve disease 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 27a. I certify that I took charge of the remains described above, held an and in my apinion Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) 4/18/79 TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA DATE Assistant EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. DHMH - 17 VR A15 ME (5) 15M 7/76

121120-2 Hard Hard Control of the Co Latines tox 1811 Even Pleas 10 2 - 19-8038 de The Brained 20 - A Braining Harry and the transfer of the transfer of the transfer of the SAME TO THE CONTRACT OF THE STANDARD STANDARD

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 1915 Female **Black** 64 TO BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED Baltimore City Va DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Provident Hospital JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1829 N. Dallas St. 136. COUNTY Baltimore 13d. INSIDE CITY LIMITS? Md. YESKK NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Thomas Dunn Georgia Dunn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-54-1440 Wayne Manuel 1911 Eutaw Pl APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOF NO CERTI 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

COUNTY

STATE

226. SIGNATURE

AT WORK

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a.1 certify that [47 (this hospital) attended the deceased from.

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL Burial

NOT WHILE

AT WORK

236. DATE 4/16/79

10

23r. NAME OF CEMETERY OR CREMATORY King Memorial Pk.

Md. Baltimore County,

DHMH - 16 50M 7/77 (VRA 15(4))

24. FUNERAL DIRECTOR ". C. March F/H 1101 DE North Ave.

23d. LOCATION

9 9 6 1						
					Service Contract	
	9-9	1915	25	2	Black	Finale
<b>y</b> oko wa			25		,A.,B.,U	Va.eV
			Int.	n a el	Prevident	oroimisfeE
Dallas St.	ISTS N.		2025	520	Boltto	, E
ru (		9,13.5	neil.		antiti	00000
THE CAN HAVE	202	malf -		13333	A 2 F.C	1

Marint 1/16/19 Ming Memorial Pk. Baltimore County, He Mar. C. March M/H 1101 P. Moreh Ave. App 13 1978 Active Ave.

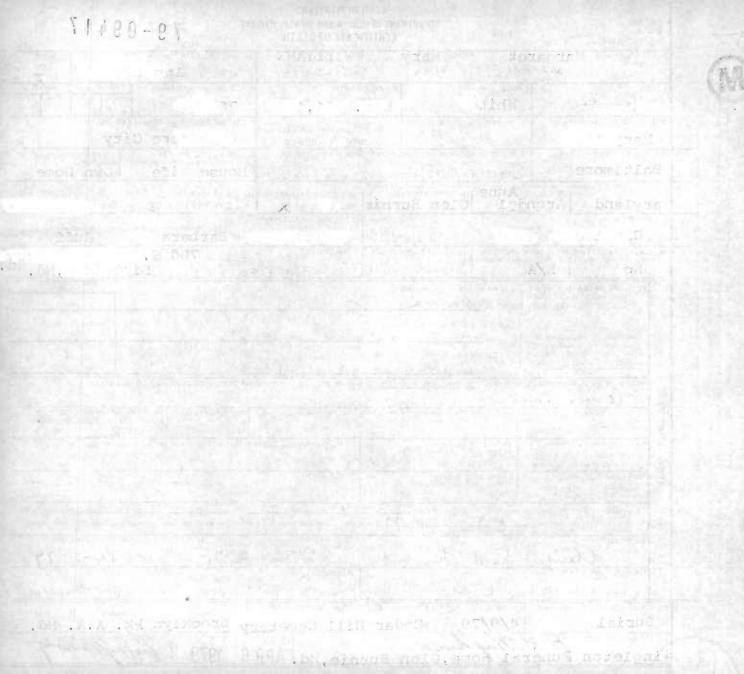
 FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09417

1 DE	***	argare		Contract of the Contract of th	LACT			MONITH		
	CEASED NAME M	aryar	et "	Mary Mary	LAST	WILLIAMS	20. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
(TYPE	C OR FRINT)	MARG	ARET	MARY	_	ILLLIAMS	4-5-7 9A	pril	5,1979	100
3. SE	X	14	RACE		5 DATE OF E	BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 H
	female		White		нтиом	31,1902	76		MONTHS DAYS	HOURS M
la R	IRTHPLACE (STATE OR F	OREICH: 2h		VHAT COUNTRY?	Dec.	31,1302	9 BALTIMORE CITY	YRS	TY OF DEATH	
C	OUNTRY)	OKEIGN /			MARRIED	NEVER MARRIED				
	Maryland		U.		WIDOWED		Baltimo		city	
	ITY OR TOWN OF DEA	ATH 11		OSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING		F BUSINESS
	altimore		South	152/timo		end Hospita	House W:	ife	Own	Home
USU 13a.	AL RESIDENCE (IF NURS	13b. COUNT	Y Anne	GIVE RESIDENCE BEFORE	AOMISSION)	d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Ma	ryland	Arund	de1	Glen Bu		ES NO	6654 ROBE		OURT	
14 F/	ATHER'S NAME	***	ND15		15	MOTHER'S MAIDEN NA	ME			
	Charles	MIL	DDLE	SCHO	16	Mary	Barbar	ca	Ru	
16a \	WAS DECEASED EVER	IN U.S. ARME	ED FORCES?	166 SOCIAL SECU		INFORMANT		FSSS.	Hammon	deFor
(	YES, NO OR UNKNOWN)	N/A	AR OR DATES)	212-22 -	87041	Urs. CATHERI			inthicu	m Md
	7					· · · · · · · ·	WE SINEHL			
110	PART I, DEATH W	AS CALISED	RY		dice				BETWEEN	MATE INTERVAL DNSET AND DEA
				Uremia						
400	MARKET SERVICE	IMMEDIATE	CAUSE (0)	, , , , , , ,						
	595	IMMEDIATE			NCE OF			JETY-		
	585 -			AS A CONSEQUE	NCE OF	las nocre	Cze			
	Conditions, if ony gove rise to imi	, which			NCE OF	lar necre	\$3 <u></u>			
San and	gove rise to immo	, which mediate and the	DUE TO, OR	AS A CONSEQUE	tubu	lar neure	\$> <b>\$</b>			
	gove rise to imm couse (a), statin underlying couse	, which mediate ng the lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE A Cute AS A CONSEQUE	HELDER HELLE	I faile	re			
7	gove rise to imm couse (a), statin underlying couse	, which mediate ag the lost.	DUE TO, OR  (b) //  DUE TO, OR  (c) //  ONDITIONS CO	AS A CONSEQUE A Cute AS A CONSEQUE	HELDER HELLE	lar necre La failu ST RELATED TO THE TERN	re	NDITION G	IVEN IN PART 10	3)
rion	gove rise to improve (o), storic underlying couse PART 2. OTHER SIGN	which mediate the lost.  NIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEQUE A CONSEQUE Chronic L INTRIBUTING TO E	NCE OF FELLE	L failu ot related to the tern	THE STATE OF COM	NDITION G	IVEN IN PART 1 (c	<b>3</b> )
CATION	gove rise to improve couse (a), static underlying couse	which mediate the lost.  NIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEQUE A Cute AS A CONSEQUE	NCE OF FELLE	L failu ot related to the tern	re	20b. 1F Y	ES, WERE FINDIN	GS USED
TIFICATION	gove rise to improve (o), storic underlying couse PART 2. OTHER SIGN	which mediate the lost.  NIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEQUE A CONSEQUE Chronic L INTRIBUTING TO E	NCE OF FELLE	L failu ot related to the tern	THE STATE OF COM	20b. 1F Y	- 10	GS USED
CERTIFICATION	gove rise to improve (o), storic underlying couse PART 2. OTHER SIGN	which mediate ng the lost.  NIFICANT CO  Cau  TION	DUE TO, OR  DUE TO, OR  (c)  SINDITIONS CO  19b. CONDIT	AS A CONSEQUE  AS A CONSEQUE  Chronic  INTRIBUTING TO D  TION FOR WHICH	MCE OF FELLE DEATH BUT NO OPERATION V	L failu ot related to the tern	VINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. 1F Y	ES, WERE FINDIN IFYING CAUSES YES []	IGS USED OF DEATH?
AL CERTIFICATION	gove rise to improve the couse (b), stofing underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIOENT WAS UNION CONTRIBUTING	which mediate ig the lost.  NIFICANT CO  CAU  TION  DERLYING CAUSE OF DEATH	DUE TO, OR  DUE TO, OR  (c)	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  Chronic  INTRIBUTING TO E  TION FOR WHICH  INJURY  A. MONTH DA	MCE OF FELLE DEATH BUT NO OPERATION V	A fail (1) OT RELATED TO THE TERM  VAS PERFORMED	VINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. 1F Y	ES, WERE FINDIN IFYING CAUSES YES []	IGS USED OF DEATH?
	PART 2. OTHER SIG	which mediate go the lost.  NIFICANT CO CAU TION  DERLYING CAUSE OF DEATH AL EXAMINER)	DUE TO, OR  (c)	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  ANTRIBUTING TO E  TION FOR WHICH  TINJURY  A. MONTH DA  A.	NCE OF FELLE DEATH BUT NO OPERATION V	L fail ()  TRELATED TO THE TERM  VAS PERFORMED  16. HOW INJURY OCCUR	VINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. 1F Y	ES, WERE FINDIN IFYING CAUSES YES []	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imit couse (b), stofit underlying couse  PART 2. OTHER SIGI  19a DATE OF OPERA  21a. ACCIOENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC  21d. INJURY OCCUR	which mediate go the lost.  NIFICANT CO CAU TION  DERLYING CAUSE OF DEATH ALEXAMINER)	DUE TO, OR    b)   DUE TO, OR   (c)   DUE TO, OR   (d)   19b CONDIT	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  ANTRIBUTING TO E  TION FOR WHICH  TINJURY  A. MONTH DA  A.	NCE OF PEACE DEATH BUT NO OPERATION V  Y YEAR 19 2	A fail (1) OT RELATED TO THE TERM  VAS PERFORMED	VINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF Y IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	IGS USED OF DEATH?
	gove rise to improve the couse (io), storing underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIEY MEDIC  21d. INJURY OCCUR  WHILE NOTIES  WHILE NOTIES  AT WORK NOTIES NOTIES	which mediate 19 the 10st.  NIFICANT CO  CAU  TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  HILE CAUSE  RED	DUE TO, OR  DUE TO, OR  COLUMN TIME OF HOUR A.M.  21b. TIME OF HOUR A.M.  21c. PLACE (AT HOME, STRE	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  INTRIBUTING TO E  TION FOR WHICH  E INJURY  A. MONTH DA  A. MONTH DA  FINJURY	NCE OF  PEACE DEATH BUT NO  OPERATION V  AY YEAR  19  ARM.ETC.)  2	L fail (1) OT RELATED TO THE TERM  VAS PERFORMED  16. HOW INJURY OCCUR  11. LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJECTION)	20b. IF Y IN CERT	ES, WERE FINDIN IFYING CAUSES YES [] , PART 1 OR PART 2)	IGS USED OF DEATH? NO
	gove rise to improve the couse (ib), stofing underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIOENT WAS UNION CONTRIBUTING (IF ETHER, NOTHY MEDIC  21d. INJURY OCCUR  WHILE NOTHY MEDIC  22a.1 certify that (1)	which mediate 19 the 10st.  NIFICANT CO  CAUSE OF DEATH AL EXAMINER)  RED  (this hospital	DUE TO, OR  DUE TO, OR  COLUMN TIME OF HOUR A.M.  21b. TIME OF HOUR A.M.  21c. PLACE (AT HOME, STRE	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  INTRIBUTING TO E  TION FOR WHICH  E INJURY  A. MONTH DA  A. MONTH DA  FINJURY	NCE OF  FELLE  DEATH BUT NO  OPERATION V  AY YEAR  19  ARM.ETC.)  2	L fail (1) OT RELATED TO THE TERM  WAS PERFORMED  16. HOW INJURY OCCUR  11. LOCATION  STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJIT	20b. IF Y IN CERT	ES, WERE FINDING IFYING CAUSES YES () , PART 1 OR PART 2)  COUNTY	IGS USED OF DEATH? NO STATE
	PART 2. OTHER SIGILIFIED TO STATE OF OPERA  21g. ACCIOENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT WORK 120.1 certify that (I) sow the decess	which mediate 19 the 10st.  NIFICANT CO CAU TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  (this hospital ed olive on certain contents.)	DUE TO, OR  (c)	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  ANTRIBUTING TO E  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  THE FACTORY, OFFICE, F.  deceosed from  19	NCE OF  FELLE  DEATH BUT NO  OPERATION V  AY YEAR  19  ARM.ETC.)  2	L fail (1) OT RELATED TO THE TERM  VAS PERFORMED  16. HOW INJURY OCCUR  11. LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJIT	20b. IF Y IN CERT	ES, WERE FINDING IFYING CAUSES YES () , PART 1 OR PART 2)  COUNTY	IGS USED OF DEATH? NO STATE
	gove rise to improve the couse (ib), stofing underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIOENT WAS UNION CONTRIBUTING (IF ETHER, NOTHY MEDIC  21d. INJURY OCCUR  WHILE NOTHY MEDIC  22a.1 certify that (1)	which mediate 19 the 10st.  NIFICANT CO CAU TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  (this hospital ed olive on certain contents.)	DUE TO, OR  (c)	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  ANTRIBUTING TO E  TION FOR WHICH  TINJURY  A. MONTH DA  A.  DE INJURY  THE FACTORY, OFFICE, F.  deceosed from  19	NCE OF PELLE DEATH BUT NO OPERATION V  Y YEAR 19 ARM, ETC)  77, ond t	L fail (1) OT RELATED TO THE TERM  WAS PERFORMED  16. HOW INJURY OCCUR  11. LOCATION  STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJIT	20b. IF Y IN CERT	ES, WERE FINDING IFYING CAUSES YES () , PART 1 OR PART 2)  COUNTY	STATE
	gove rise to improve the couse (i), storing underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a ACCIOENT WAS UNION CONTRIBUTING (IF ETHER, NOTHEY ABOVE)  21d INJURY OCCUR  WHILE NOT WAT WORK AT WC  22a.1 certify that (1) saw the decase obove, (1) (we) (4)	which mediate 19 the 10st.  NIFICANT CO CAU TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  (this hospital ed olive on certain contents.)	DUE TO, OR  (c)	AS A CONSEQUE  A CONSEQUE  A SA A CONSEQUE  A CONSEQUE	OPERATION V  VY YEAR  19  ARM, ETC)  2  7  7  7  7  7  7  7  7  7  7  7  7	PARELATED TO THE TERM  VAS PERFORMED  11. HOW INJURY OCCUR  11. LOCATION  STREET  19. 7  hat in (my) (our) opinion  GREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  to Head on the company of the com	120b. IF Y IN CERT	ES, WERE FINDING CAUSES VES (1) PART 1 OR PART 2)  COUNTY  TO 19 (1) POUT and from the	STATE
	PART 2. OTHER SIGI  19a DATE OF OPERA  21a. ACCIOENT WAS UNION OR CONTRIBUTING (IF ETHER. NOTHY MEDIC 22a.1 certify that (1) sow the deceas obove, (1) (we) (6) 22b. SIGNATURE	which mediate 19 the 10st.  NIFICANT CO  CAU  TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  (this hospital ed alive on did) (did not)	DUE TO, OR  (c)  DUE TO, OR  (c)  IPP CONDITIONS CO  21b. TIME OF  HOUR A.N  P.M  21e PLACE C  (AT HOME, STRE	AS A CONSEQUE  A CONSEQUE  A SA A CONSEQUE  A CONSEQUE	OPERATION V  VY YEAR  19  2  ARM, ETC.)  2  DEC	PACIFICATION  TELATED TO THE TERM  VAS PERFORMED  IL HOW INJURY OCCUR  IL LOCATION  STREET  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO CITY OR TO  to Courred on the co	120b. IF Y IN CERT	ES, WERE FINDING CAUSES VES (1) PART 1 OR PART 2)  COUNTY  TO 19 (1) POUT and from the	STATE
	gove rise to improve the couse (i), storing underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a ACCIOENT WAS UNION CONTRIBUTING (IF ETHER, NOTHEY ABOVE)  21d INJURY OCCUR  WHILE NOT WAT WORK AT WC  22a.1 certify that (1) saw the decase obove, (1) (we) (4)	which mediate 19 the 10st.  NIFICANT CO  CAU  TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  (this hospital ed alive on did) (did not)	DUE TO, OR  DUE TO, OR  (c)  DUE TO, OR  (c)  IPP CONDITIONS CO  21b. TIME OF  HOUR A.M  P.M  21e PLACE C  (AT HOME, STRE  I) oftended the  HOUR A.M  P.M  RINT)	AS A CONSEQUE A CONSEQ	OPERATION V  VY YEAR  19  2  ARM, ETC.)  2  DEC	DI RELATED TO THE TERM  VAS PERFORMED  1. HOW INJURY OCCUR  11 LOCATION  STREET  19 7  hot in (my) (our) opinion  GREE  ATTENDING PHYSICIAN [ 20. ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the company of the	20b. IF Y IN CERT	COUNTY  19  221. DATE	STATE
	PART 2. OTHER SIGI  19a DATE OF OPERA  21a. ACCIOENT WAS UNION OR CONTRIBUTING (IF ETHER. NOTHY MEDIC 22a.1 certify that (1) sow the deceas obove, (1) (we) (6) 22b. SIGNATURE	which mediate 19 the 10st.  NIFICANT CO  CAU  TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  (this hospital ed alive on did) (did not)	DUE TO, OR  DUE TO, OR  COLUMN TIME OF HOUR A.M.  21b. TIME OF HOUR A.M.  21e. PLACE (AT HOME, STREET)  view the body of CARINT)	AS A CONSEQUE A CONSEQ	OPERATION V  VY YEAR  19  2  ARM, ETC.)  2  DEC	DI RELATED TO THE TERM  VAS PERFORMED  1. HOW INJURY OCCUR  11 LOCATION  STREET  19 7  hot in (my) (our) opinion  GREE  ATTENDING PHYSICIAN [ 20. ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  to Geoth occurred on the company of the company	120b. IF Y IN CERT	COUNTY  19  221. DATE	STATE
MEDICAL	gove rise to improve the couse (i), storing underlying couse  PART 2. OTHER SIGI  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIEY MEDIC  21d. INJURY OCCUR  AT WORK NOTIEY MEDIC  220.1 certify that (I)  sow the decease obove, (b) (we) (c)  22b. SIGNATURE  22d. PHYSICIAN'S No.	which mediate 19 the 10st.  NIFICANT CO  CAU  TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  HILE (this hospital ed alive on did) (did not).	DUE TO, OR  DUE TO, OR  COLUMN TIME OF HOUR A.M.  21b. TIME OF HOUR A.M.  21e. PLACE (AT HOME, STREET)  view the body of CARINT)	AS A CONSEQUE  AS A CONSEQUE  LAS A CONSEQUE	NCE OF  YEAR  19  ARM. ETC)  2  7  7  7  DEC	DI RELATED TO THE TERM  VAS PERFORMED  1. HOW INJURY OCCUR  11 LOCATION  STREET  19 7  hot in (my) (our) opinion  GREE  ATTENDING PHYSICIAN [ 20. ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the company of the	20b. IF Y IN CERT	COUNTY  19  221. DATE	STATE



n signed by the ottending physician and completely filled in by th Then please remove corbanpopers. Pages 1 and 2 should be filed v

		FOR
1	-	STATE
7		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-19418

-11	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	05410
1. D	DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MON	NTH DAY YEAR 2b. HOUR
	Ralph	S	William	s Sr.	4	13 79 6.00 PM
3. S	Male	4 RACE Black	S. DATE C		6. AGE (IN YEARS LAST BIRTHOAY	YRS.  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. (	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MAADDIE	DENEVER MARRIED DENEMBER DIVORCED	Dalladana C	
	CITY OR TOWN OF DEATH  Baltimore		AL, NURSING HOME C LY, GIVE STREET ADDRESS) ORIAL HOSPI	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
USI 13a.	UAL RESIDENCE (IF NURSING HOME O I. STATE	INTY 13c. CI	SIDENCE BEFORE ADMISSION) ITY OR TOWN  timore	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 2220 Barcla	y St.
14. F	FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN 1	MIDDLE	LAST
1	Robert	nusa sanassa Ivo sa	Williams	Malinda	ADDRESS	Price
160	WAS DECEASED EVER IN U.S. AL	VE WAR OR DATES	3-03-6093A	Ralph Will	iams Jr. 2220	Barclav St.
	5990	ED BY: ATE CAUSE (0) Se	psis du		monia, U.	T.I APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF	monia U.T.I		
NO		conditions CONTRIB		NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION		FOR WHICH OPERATIO		YES NO	IL IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CHIEF OF DE	HOUR A.M. M	NIA 19	N	URRED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)
MEDICAL	WHILE NOT WHILE TO AT WORK	A 216. PLACE OF INJU	TORY, OFFICE FAM, ETC.)	21f. LOCATION STREET	JA CITY OR TOWN	COUNTY STATE
	sow the deceased alive or above, (i) (we) did) idid in		d that in (px) (our) opinion	on death occurred on the date of	ond hour and from the couses stated	
	226. SIGNATURE R.	Thingar	ajan M	DEGREE  ATTENDING PHYSICIAN		221. DATE SIGNED 4.13.79
	R, Thia	GARAIC	in My	22e. ADDRESS	Memor	scal Hospita
23a.	BURIAL, CREMATION, REMOVA (SPECIFY)		23c. NAME OF C	EMETERY OR CREMATOR	Y 236. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	4/19/79	King Me	morial Park	Baltimore O	ounty Md.

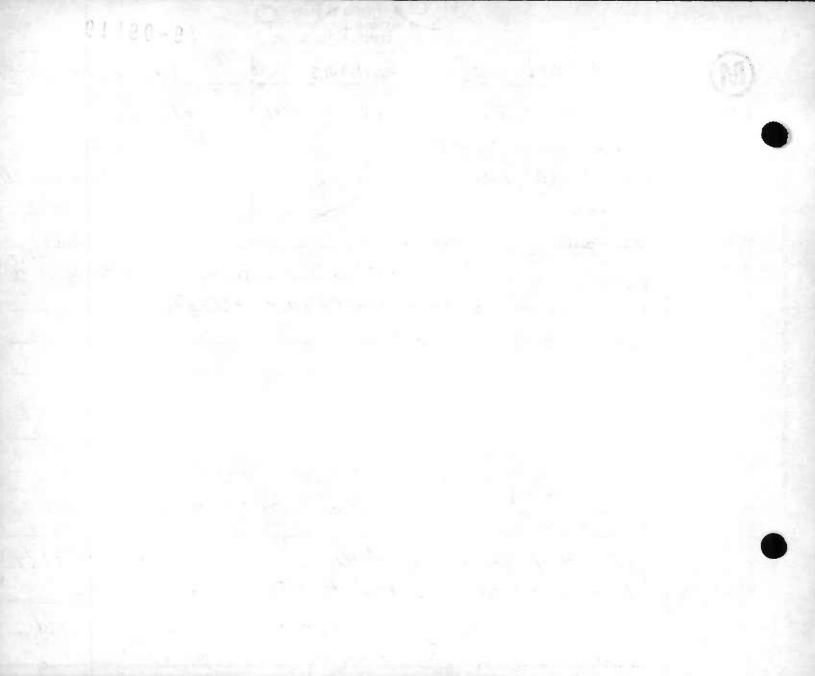
DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been

24. FUNERAL DIRECTOR ADDRESS Wm. C. March F/H 1101 E. North Ave

	J613 I S. F.	Gellan	
of it amonivise			
	Asy tue oil is rome	ार्ज हो। है विकास	
Appendix to the second	At the second of the second of the		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	service director products		
	Printer and		
	Ann Kalada S. A. A.		
	nthe Pila		
	A STATE OF THE		
	Commenters	A SAN TO A SAN TO SAN	
	ASSESSMENT A SET		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 2a DATE OF DEATH 2b HOUR (TYPE OR PRINT) 6 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) YEAR YEAR 1918 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED A 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BOR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13g STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND 4 FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for 10 kg PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating DUE TO OR AS A CONSEQUENCE OF underlying lost couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 16 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death Dept. SIGNATURE DEGRE \* ATTENDING MEDICAL be deto PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22e ADDRESS ld b 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY 24 FUNERAL DIRECTOR REGISTRAR 25b. REGISTRAR'S SIGNAT DHMH - 16 60M 1/75 (VR A 15 (4))



24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

FOR

- STATE

REGISTRAR L DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Williamson

Marv

17 INFORMANT

21f LOCATION

and that in (my)

22e ADDRESS

DEGREE

LAST

5 DATE OF BIRTH

монтн

WIDOWED

YEAR

19

MIDDLE

79-19420

20 DATE OF DEATH 26 HOUR 30 79 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS \*6°2 77 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED Baltimore City 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 134 INSIDE CITY LIMITS? 2704 APRESS Chase St. 15 MOTHER'S MAIDEN NAME MIDDLE Hawkins Juanita Williamson 2704 E. Chase St APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARSIOM YOPATHY 4RS 20h. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (our) apinion deoth accurred an the date and haur and from the couses stated 22t. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN HOPKONS STATE COUNTY Maryland Nat'l Mem. Pk. Laurel Md. REGISTRAR 25b. REGISTRAR'S SIGNATURE

Liston Mc ready

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR CTYPE OR PRINT WITMA W. WILLIAMS APRIL 1979 4 RACE 5 DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER | YEAR MONTH YEAR 16 White Female BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Indiana WIDOWED DIVORCED X 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IS CITY OF TOWN OF DEATH 170 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE MARYLAND GENERAL HOSPITAL U.S. Gov't DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 130 STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Roval Center Indiana Cass Roval Center 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE Virginia Fritz Beall Frank 210 8th Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 303-24-0069 Harold G. Beall Logansport, Indiana No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN ACUTE MYOCARDIAL INFARCTION DUE TO OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE APRIL APRIL 079 220.1 certify that (# (this haspital) attended the deceased fram sow the deceased alive of APRIL 15 above, if (we) (did) (end work) view the bady after death and that in (mx (aur) opinion death occurred an the date and hour and from the causes stated 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 100 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN D MPORTANT: 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should b Joseph Salvatore M.D. C/O MARYLAND GENERAL HOSPITAL 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BP Kistler Cemetery Burial Royal Center Cass Indiana 250. DATE REC'D, BY REGISTRAR 256, REDISTRAR'S SIGNATURE Witzke Funeral Homes of Catosnville DHMH - 16 60M 1/75 (VRA 15(4)) 1630 Edmondson Avenue Catonsville, Md. 21228

DHMH-16 50M7/77 (VR A 15 (4))

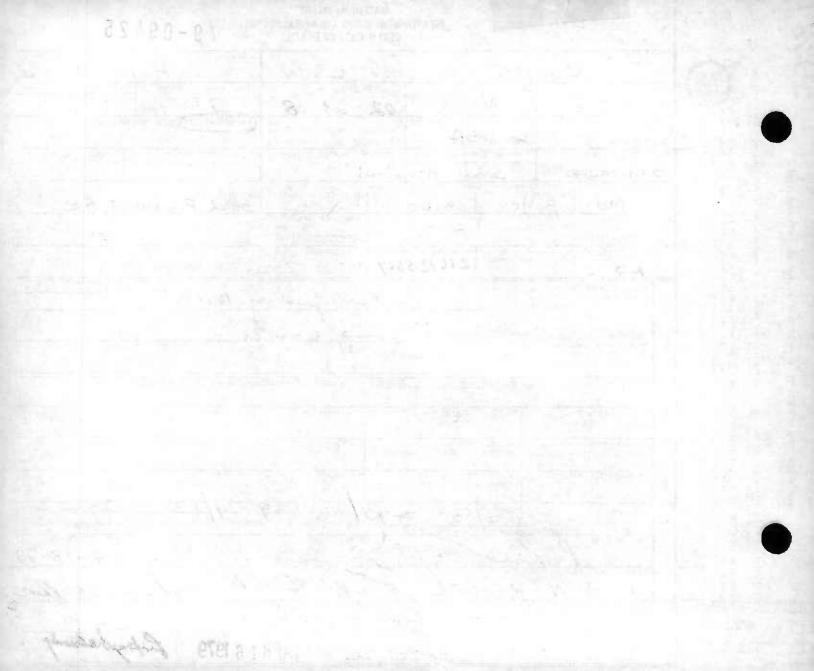
## STATE OF MARYLAND

1.05	REGISTRAR	MIDDLE	CERTIFI	CATE OF DEATH	REG. NO.	,
	ECEASED NAME FIRST	a) C.	abeth Wi	LLs	20 DATE OF DEATH MONTH DAY Y	79 42
3 SE	EX	1 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
F	emale	White	May	16,1900 YEAR	7 S YRS S	OAYS HOURS
7a BI	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	☐ NEVER MARRIED 🏖	9. BALTIMORE CITY OR COUNTY OF DEA	TH
	Maryland	USA	WIDOWED		Baltimore City	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OTHER INSTITUTION	120 USUAL OCCUPATION 12b. K	IND OF BUSINE
E	Baltimore		Nursing H	ome		Iome
USU.	JAL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDER	NCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
N	Maryland		imore	YES X NO	3939 Roland Ave.	
	ATHER'S NAME		TOTAL TOTAL	15 MOTHER'S MAIDEN NA	ME	
J	J. Albert Young		LAST	Mary Eliza	abeth Cook	LAST
16a. V	WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRESS	- 32
	NO		LO-2467 A	Mrs. Irene I	E. Young 3939 Roland	Ave.
	Conditions, if any, which	( b) + W.	per ling	lung	0.10 10 1	
NOI	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF	Cardene, fr	inal disease or condition given in pa	ART 1(a)
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	PARE LINES INSEQUENCE OF LINES TO DEATH BUT N	Cardiac, fr	INAL DISEASE OR CONDITION GIVEN IN PA	FINDINGS USED
ICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (15 EITHER, NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTION  19b. CONDITION FOR  19b. TIME OF INJURY HOUR A.M. MON P.M.	ITH DAY YEAR	NOT RELATED TO THE TERM WAS PERFORMED  21c. HOW INJURY OCCURE	200 AUTOPSY? 20b IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH NO
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CO  (C)  CONDITIONS CONTRIBUTION  196. CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	NSEQUENCE OF WHICH OPERATION  WHICH OPERATION  ITH DAY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH NO []
	gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1F EITHER, NOTIFY MEDICAL EXAMINE AT WORK AT W	DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTION  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	NSEQUENCE OF CONSEQUENCE OF CONSEQUE	WAS PERFORMED  21c. HOW INJURY OCCURE  21f. LOCATION STREET	200 AUTOPSY?  YES NOTE YES YES PROPERTIES AND YES	FINDINGS USED AUSES OF DEATH NO  ART 2]  TY STA
	gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (15 ETHER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED AT WORK 22a.1 certify that (1) (this has saw the deceased alive cabove, (1) (we) (did) (did)	DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTI  19b. CONDITION FOR  19b. CONDITION FOR  HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY ON THE CONTRIBUTION OF THE CONT	NSEQUENCE OF CONSEQUENCE OF CONSEQUE	WAS PERFORMED  216. HOW INJURY OCCURP  216. LOCATION STREET  19 29  1 that in (my) (our) opinion of	200 AUTOPSY?  YES NOTE YES YES PROPERTIES AND YES	FINDINGS USED AUSES OF DEATH NO []  ART 2]  TY STA  , that (1) (w m the couses sto
MEDICAL	gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF B (IF ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive cabove, (1) (well did) (did in 22b. SIGNATURE	DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTI  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)  OR PRINT)  OR PRINT)  OR PRINT)	WHICH OPERATION  WHICH	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCURE  21f. LOCATION STREET  21f. LOCATION STREET  21g. HOW INJURY OCCURE 21g. H	200 AUTOPSY?  YES NOTE YES NOT	FINDINGS USED AUSES OF DEATH NO []  ART 2]  TY STA  , that (1) (w m the couses sto
WEDICAL WEDICAL	gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT WO	DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTI  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)  OR PRINT)  OR PRINT)  OR PRINT)	WHICH OPERATION  WHICH OPERATION  WHICH OPERATION  WHICH OPERATION  OFFICE, FARM, ETC.)  d from 79 , and h.	WAS PERFORMED  21c. HOW INJURY OCCURS 21f. LOCATION STREET  1 that in (my) (our) opinion of EGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOTE YES NOT	TY STATE SIGNED

62160-64			
		9=9-e1f	MAN
	nor, ar wall	+ ÷,	n Esimo
writh resonate Call 1995			Sens Lens R
Herry III Street   1	arol sut	and look and the	2400.01
. ray los tes esce		granta fan	Vary land J
Misself Cook			I. direct Young
ne E. Young 3050 antend for.	orf , and , to	1,	
		4 - 1 - 1	
			912 - 11
are properties to the property	mrone (	47.15 + 00	Maries S
APRIESSE vic. Larviend	gouidini U		Birtal

STATE OF MARYLAND

TO BUT BUT INTEREST OF THE WAR IN THE WAY Continue sizes a series production of the property of the second



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Wilson Lawrence Apr. 29. 1979 5 DATE OF BIRTH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR White 16 12 Male A BIRTHPLACE STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY) Maryland USA Baltimore City WIDOWED DIVORCED [ I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Woodheights Ave. Baltimore Retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS 1007 Woodheights Ave. 13h COUNTY 13c CITY OR TOWN Maryland Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Bigham Grant Wilson Maggie 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-03-9032 Mr. Charles Brooks 1007 Woodheights Ave. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART ! DEATH WAS CAUSED BY and estine Heat Factories IMMEDIATE CAUSE IO ensine CV P Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED ď IN CERTIFYING CAUSES OF DEATH? be NOF YES I NO F Mental Hyg 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY CITY OR TOWN STATE WHILE NOT WHILE AT WORK 22a | certify that (1) (his haspital) attended the deceased from DIRECTOR sow the deceased alive on (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) taid not view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be detar MPORTANT 724 PHYSICIAN'S NAME ITARE OF PERST 22e ADDRESS shauld b 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Md. STATE Lorraine Park Cemetery Baltimore. 25a DATE REC'D. BY REGISTRAR 25b. RECHRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Alan Seitz, Jr. Funeral Home 3818 Roland Ave.

83.31-8

1

..........

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

etained by the hospital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09427

		REGISTRAR	CEI	RTIFICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR	26. HOUR
		CILL	E MAL	WILSON.		1 14 79	M
1	3. SE	ř.		ATE OF BIRTH MONTH  3  12  YEAR  8	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS YRS.	IF UNDER 24 HRS
9		RTHPLACE STATE OR FOREIGN )		ARRIED NEVER MARRIED O	9 BALTIMORE CITY OR O	111.60	MD.
	10. CI	BAHO.	1. NAME OF HOSPITAL, NURSING HO		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) 126. KIND O	F BUSINESS OR
3 "			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISTY  134: PITY OR POWN	13d INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS	Mare Ba	clt. me
80	14. FA	ATHERS NAME FIRST AN M	HARRIS	15. MOTHER'S MAIDEN NAI	enla MIDDLE	LAS	.T
1		NAS DECEASED EVER IN U.S. ARA YES, NO QUUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY N		EACH 6034		ood Ra
		PART I. DE ATH WAS CAUSED	y one couse per line for (a), (b), and (c). BY: CAUSE (a)	e overt		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	otension			
		gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE	or coma, su	bolivel hem	elime	
Ô	NO	.()	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 110	)
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ION WAS PERFORMED		OB. IF YES, WERE FINDING CAUSES YES	
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220. I certify that (1) this hospit sow the deceased alive on above (1) Jwe) (did not		ond that is (my) (our) opinion	, todeath occurred on the date		that (1) (we) lost couses stated
-		22b. SIGNATURE	Visitor Vocal	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	N DATE	14/76
		22d. PHYSICIAN'S NAME (TYPE OR	PRINT) OR VOGEL	220. ADDRESS Y9 KO	EASTER	N AVE.	2122
		BURIAL, CREMATION, REMOVAL	236. DATE 235. NAME OAK	OF CEMETERY OR CREMATORY	23d. LOCATION GIVORTOWN	make	THE TANK
	24. F	NAME OCKS FUNER	AL HOME MOSOKA	(UIAX	R 1 6 1979	Markey May	Mody

15120-07 Later and a fine of the first of D. H. the state of the s Kenty Levis the a Both himself at the 1904 to the

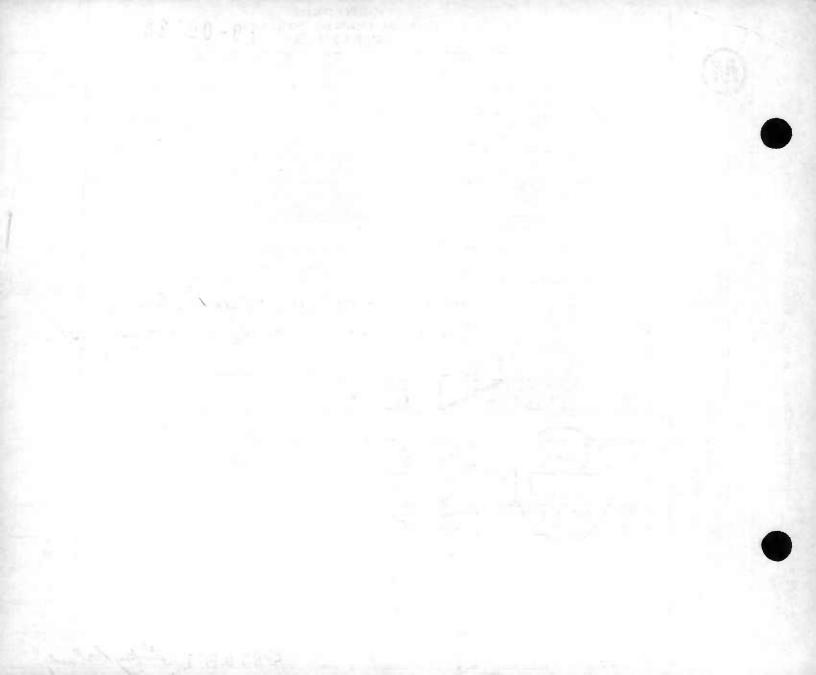
## STATE OF MARYLAND

1	STATE REGISTRAR	DEPAR	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	FIFN 9 - 0 9 4	28	
	DECEASED NAME FIRST	MIDDLE E.		vsow,		MONTH DAY YEAR 4 126/38	26 HOUR 5 - 3-0
	Female	4 RACE Black	5 DATE O		6 AGE (IN YEARS LAST BIRT	MONTHS DA	YS HOURS M
5 7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIEI WIDOWE	D NEVER MARRIED D	Baltimore Baltimore		
9	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI North Charles	General General		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 12b KINI	O OF BUSINESS RY
130	Md.	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF DUNTY 130 CITY OR TO Baltimo	NWO	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 501 Dolphir	n St.	
0	FATHER'S NAME Hillary	MIDDLE LAST Kane		15. MOTHER'S MAIDEN NA FIRST Anna	WIDDLE		Smith
160	DO NO PRINCIPAL (18 YES, 10 OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)  16b SOCIAL SE  220-30-		Isaac Kane 7	ADDRE 08 Woodingto		
CERTIFICATION		DUE TO, OR AS A CONSECUTION OF THE SECUTION OF	DIS	M .	MINAL DISEASE OR CONF	20b. IF YES, WERE FIN	DINGS USED
RIFIC				1	YES NO	IN CERTIFYING CAUS	NO 🗆
	TOUR AM. MUNITION DAY			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART :	2)
MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	sow the deceosed alive obave, (I) (we) (did) udid 22b. SIGNATURE	ospital) attended the deceosed from an 19	75 - or	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	ate and hour and from the property of the prop	that (I) (we) the couses stated (IE SIGNED
	22d. PHYSICIAN'S NAME (TYP	PEORPRINT)		22e. ADDRESS 2724, 1	V. charles 87	Posttimor	21218
230	BURIAL, CREMATION, REMOV	AL 236 DATE 23 5/1/79		emetery or crematory nore Nat'l Cen	n. Cation Cation	le, county	Md.
24	FUNERAL DIRECTOR	ADDRESS		25a, DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURES, S

DHMH - 16 50M 1/76 (VR A 15 (4))

Wm. C. March F/h

1101 E. North Ave.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR DECEASED NAME O. DATE KNOWN 50 MONTH (TYPE OR PRINT) OF ESTI-5 FONERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS 79 Wilson 19 Percy PLEASE YEAR 6. AGE (IN YEARS IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS HOUR 45 3. SEX DATE LAST BIRTHDAY) PRONOUNCED 19 79 Male Black To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Bon Secour Hospital BE ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE 13d INSIDE CITY LIMITS? 1136. COUNTY Itimore VITAL 14 FATHER'S NAME MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE PX FIR51 una 160. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FO (YESPNO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXAMINER ALONG WRIAL-TRANSIT PERMIT. PO MENTAL HYGIENE, DI 00 BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Complications of gunshot wounds (2) of abdomen DUE TO, OR AS A CONSEQUENCE OF (handgun) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL YES NO T BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR ANY MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 8: 12 P.M. 2119 79 Subject shot by unknown assailant 21e PLACE OF INJURY (AT HOME. IL LOCATION AT WORK AT WORLE STATE STREET, FACTORY, FARM, ETC.) TATE 1815 Arunah Ave., house Baltimore Md. Inquiry 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Hamicide X Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) TO MEDICAL E)
EXECUTE THE C
PAGE 4 SHOUL
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA 4/20/79 Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street TYPE OR PRINT DHMH - 17 (VR A 15 ME (5)) 1206-08 West North Ave 15M 7/76

ESASO-E LA CONTRACTOR DE LA CONTRACTOR DE LA MODITA Paragraph of the Life

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

ST.	ATE	OF	MA	RYL	AND	
 						_

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1 -	FOR STATE REGISTRAR		HEALTH AND MENTAL HY	GIENE 79-	09430
	(TYPE	CEASED NAME FIRST OR PRINT) ROOSEVE		-SON	20 DATE OF DEATH MONTH	09-79 5:10 M
1	SEX	MALE	BLACK 5. DATE MONI	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  6 O YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN
2	GA	OUNTRY)	MARRIE WIDOW			MD.
1	1	3 missmens	NAME OF HOSPITAL, NURSING HOME (IF NOT HIS SUCH FACILITY, GIVE STREET ADDRESS)	7	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
9	130. S	136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN 134 & 471 M ONE	134 INSIDE CITY LIMITS?	130 STREET ADDRESS PK	ldgurs Ave
0	V	THER'S NAME		ANN A	Idman Miss	LAST
		VAS DECEASED EVER IN U.S. ARMED		THEUD UNE	Mann 252	L Riggs Am
	ION	PART I. DEATH WAS CAUSED BY IMMEDIATE COMMEDIATE COMME	DUE TO, OR AS A CONSEQUENCE OF  (b) ACUTE  DUE TO, OR AS A CONSEQUENCE OF  (c) DITTIONS CONTRIBUTING TO DEATH BU		NPARCTION  MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RRED (ENTER NATURE OF INJURY IN ITEM 18,	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	.211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		270. I certify that (I) (this hospital) sow the deceosed alive on above, (I) (we) (did) (did not) vi 270. SIGNATURE	04-09 1979	nd that in (my) (our) opinion	, to 64-09, a death accurred on the date and hor	
		22d PHYSICIAN'S NAME (TYPE OR PRI	Isamboa, MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-9-79
		CESAR G. G	AMBOA, MID.	% SiNA(	HOS PITAL	
	230 B	SURIAL, CREMATION, REMOVAL 2	36 DATE 4/29 136 NAME OF	MENA MY	BOUTUMD.	COUNTY 2 & STATE
	24e.EL	MERAL DIRECTOR	Hunger (30REST 13 GV)	more Sof AP	R 1 2 1979	TRAR'S SIGNATURE

79-08430 a Monda Garage THE THE PARTY WAS A STATE OF THE STATE OF THE PARTY AND TH #1 50 Fig 3 4 3 Feb. #4 (170 3 Feb. 27 19 19 PER L X LE PROPERTY OF THE PRO CHAPTER GARDERA, MID. SERVING NOTHING The first of Courses There are The state of the s

16100-65 15: 1 1905 74 0.01 BARTE SEE X 2509 LUYCLA SUPERAT (LIATYLIA) all a star h 4 1. - 100 3 214 74 2563 HE. PERCETE COME 257 DOWN SUPPER 4/21/79 ... 4/21/79

L. L. 1917 2 24 M. Mariana 1 ....

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) RUTH 500 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female Black 23 1900 78 TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md WIDOWED DIVORCED [ Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Provident Hospital BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? pino Md. Baltimore 2149 Division St. YESKX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME N MIDDLE LAST FIRST MIDDLE LAST Frederick Jones Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Robert Wilson 10231 Kempton Ave. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MUCCANNI DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1/0 Po CERTIFICATION 0 prior ony 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene be NO YES [ NO [ 21n. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR riol-tr OR CONTRIBUTING CAUSE OF DEATH lentol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDI 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE STATE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended, the deceased from that (I) (we) lost DIRECTOR sow the deceased alive on ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: I 020 PHYSICIAN DIRECTOR **PHYSICIAN** 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Catonsville County MdSTATE Cremation Westview Cemetery BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 Wm. C. March F/H 1101 E. North Ave. (VRA 15 (4))

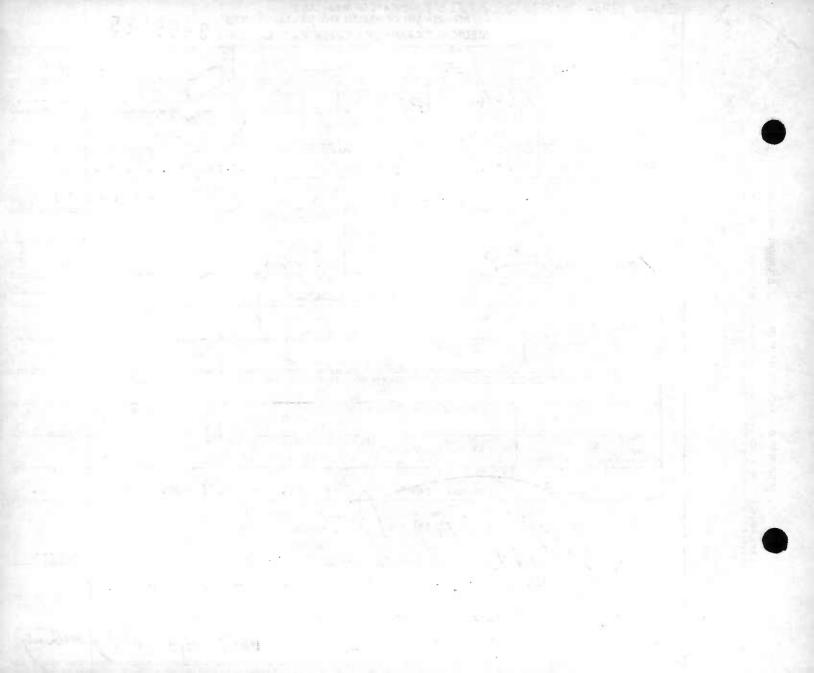
General Direct is 15 1000 in the Community of the Communi

Bornella 6/11/70 Reserve Generally Jesonsville, 04.

STATE OF MARYLAND 9-09434 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Sylvia XXXXXX 4. RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) MONTH YEAR HOURS EMALE 02 Ta. BIRTHPLARE ISTS FOAFOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED W CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR AT HOME BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) #2-1215 13a. STATE 13d. INSIDE CITY LIMITS? plag 4. FATHER'S NAME MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST WILKINS MIGDIE pup **JACOB** CHAIT **IDA** 16b. SOCIAL SECURITY NO. APT, A-4 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** Pages (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) AARON CHAIT 7208 VALLEY COUNTRY CT. #21208 the APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).1 PART I. DEATH WAS CAUSED BY: with Metastases ancer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Dermanant CERTIFICATION Cardiac Dace maker 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? shaws transit Il Hygie 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING GAUSE OF DEATH ental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 \$ 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ă (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (this haspital) attended the deceased from\_ saw the deceased plive on 9:200M 4/24 above, M (we) (did reliable) the body ofter death. (our) apinian death occurred an the date and have and from the causes stated be detached te State Dept. 776 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING L MEDICAL STAFF 4/24/79 DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS shauld be with the S 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY BURIAL APR. 26, 1979 BETH JACOB FINKSBURG CARROLL MARYLAND SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATHRE DHMH - 16 50M 7/77 in Machiner (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO

15180-8 Andrew Marie 3 Carrier of the state of the second second Talley and the transfer of the formatter of the first of the state of the s

A	tems #188 FOR STATE	a-22a Fi		EPARTMENT C	OF HEALTH	AND MENTAL	/	- 194	35		
	REGISTRAR	<u></u>	WEL			ERTIFICATE	OF DEATH	REG. NO.			
	CEASED NAME	FIRST		MIDDLE		LAST	2a. DAT	ECTI	MONTH [	DAY YEAR	26. HOUR
		Verno		Ei		isner	DEA	TH MATED XX		28 19 79	N
3 SE	X 4	RACE	S DATE OF BIRTH	6. AGE (I	RTHDAY) MONTH	DER 1 YR. IF UNDE	R 24 HRS. 2c. DA	ATE DUNCED	MONTH	DAY YEAR	2d. HOUR
		White	11/19/40	1707	YRS.		DE	AD		28 1979	11 Am
F	OREIGN COUNTRY)		76. CITIZEN OF WH		8. MARRI WIDOW	ED NEVER MAR	RIED 🖳	Baltim	-		MD
	altimore		(IF NOT IN SUCH FAC	PITAL, NURSING HO	SS)		FOR MOST OF V	CUPATION (TYPE	OF WORK 12t	OR INDUST	JSINESS RY
			OTHER INSTITUTION, GIV	San Man		•	101411	V / SIRA		TPI	
13n S	MD1	136 COUNT		BALT	N N	13d INSIDE (ITY LIMITS? YES 🔼 NO 🗌	13e STREET ADI	PRESS BUN.	NECH	14 5	FT.
14. F	ATHER'S NAME	3	MIDDLE	LAST		15. MOTHER'S MAIL FIRST	DEN NAME	WIDDIE		LAST	
16a. \	WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT	7	ADDRESS			
	18. CAUSE OF E PART I DEAT	DEATH (Enter only H WAS CAUSED	CAUSE (a)	far (a), (b), and (c).) <b>ranio cel</b> AS A CONSEQUEN	rebral		<del></del>			APPROXIMAT SETWEEN ONSE	E INTERVAL T AND DEATH
7	gave rise cause (a) ste lying cause		(c)	AS A CONSEQUEN		DR CONDITION GIVEN IN F	PART 1 (a).				
CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED?	-			20. AUTOPSY	?
AL CERTIFI		AUSE WAS	216. TIME OF HOUR A.M.		EAR	ow injury occurr		F INJURY IN ITEM 18 PA	ART 1 OR PART 2	YES X	NO 🗌
MEDICAL	21d. INJURY OCC		21e PLACE C	ory, FARM. Cled area	ε, 211. LO	TATION TREET SECTION BLK.		in Dr.	Balti	mare !	Md. STATE
	22a. I certify to death resulted ACTUAL SIGNATURE	1 /	auses :	Accident 17,	Sufcide .	Hamicide Title (SPECIFY)  Deputy Ch	Undetermined	monner,	DATE SIGNED	4/29/	/79
1	EXAMINER'S NA (TYPE OR PRINT)	111	omas D. S			RDDRL33	1 Penn St		lto.,	MD	
2	BURIAL CREMATIC ISPECIFY)		5/2/79	23c. NAME OF	CEMETERY OF		23d. LOCATION	O,MP,			TATE
24. F	FUNGRAL DIRECTO	Chinom	DDRESS 360	desta	6A-	25a. DATE	REC'D BY REGIST	1979 REGIS	TRAKSSE	NATURO	heady



## STATE OF MARYLAND

TITLE OF PRINT    WALTER   Walker   Witherspoon   4 27 79 3 3	- S	TATE EGISTRAR		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	79-0	943	6
WALTER   Walker   WITHERSPOON			RST	WIOOLE	t/	ÄŠT	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
MALE  BLACK  BLA	(IIII)	WA	LTER 7	Walker	WI	THERSPOON		4 2	7 79	3-P
MALE  BLACK    A BIRTHACE STATE DEFICIENT   To BIRTHACE STATE DEFINED   TO BIRTHACE ST	3 SEX		4 RACE				6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS HOURS MIN.
NORTH CAROLINA  U.S.A.    NARRIED   NORCE     BALTIMORE CITY	l l	MALE	BLAC	K			6	0	NAIH3 DAIS	HOURS MIN.
NORTH CAROLINA  10. CITY OF LOWN OF DEATH  11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION  12. CITY OF LOWN OF DEATH  13. STATE  WARDICAL CENTER BALTO.MD.  13. STATE  MARYTAAND  13. STATE  MODIE  13. MOTHER'S MADE NAME  WITHOUT IN TOWN  13. CITY OF LOWN OF DEATH  13. STATE  WITHOUT OF WORK FOR MOST OF WORKHOG LIRE  MODIE  13. STATE  MODIE  13. STATE  MODIE  13. MOTHER'S MADEN NAME  WALTER'S NAME  MODIE  15. MOTHER'S MADEN NAME  TOWN  16. LOWS OF DEATH LETTER ONLY ONE COLUMN OF COLUMN OF THE CAUSE OF THE NAME  WAS DECEASED EVER IN U.S. ARMED FORCES?  18. SOCIAL SECURITY NO.  243-01-0749  PART 10 DEATH WAS CAUSED BY  INCHESTORY  PART 20 THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  18. CAUSE OF DEATH LETTER OR PART 10:  19. CAUSE OF DEATH LETTER OR PART 10:  19. CAUSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  19. CAUSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  19. CAUSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  19. CAUSE OF DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:  19. CAUSE OF DEATH CONTRIBUTION ON THE CAUSE OF DEA			N 76 CITIZEN C	F WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	)F DEATH	SULDE
BALTIMORE  WA MEDICAL CENTER BALTO, MD.  USUAL RESIDENCE (# NURRING HOM COLONER INSTITUTION, COME RESIDENCE SERVER ADMESSOR) THE FATHER'S NAME  WARYLAND THE FATHER'S NAME  WALTER  MODIE  WITHER'S NAME  WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.  T			U.S.	Α.			BALTIMORE	CITY		MI
BALTIMORE  USUAL RESIDENCE (IR NUSSANG HONG OR OTHER RESIDENCE ADMISSION)  MARYLAND  IB COUNTY  BALTIMORE  Wither Spoon  IS COUNTY  BALTIMORE  Wither Spoon  IS COUNTY  BALTIMORE  Wither Spoon  IS COUNTY  Wither Spoon  IS COUNTY  IN FATHER SHAME  Walter  MODIE  Wither Spoon  IS MOTHER SHAME  WITH  IF YES ONE WAS OBTAIN  IN YES ONE WAS OBTAIN	IO. CITY	OR TOWN OF DEATH				ROTHER INSTITUTION				F BUSINESS OR
13 STATE   136 COUNTY   136 CITY OR TOWN   136 MISSIDE CITY LIMITS?   136 STREET ADDRESS   1001 N. ROSEDALE ST. 212   1001 N. R	BA	ALTIMORE				ALTO.MD.	, in the month of the			
Walter    Mode   Witherspoon   Ida   PRS1   Mode   Friday	13a. STA	TE 13b.		13c. CITY OR T	OWN			OSEDAL	E ST.	21216
PART   DEATH   CAUSE OF DEATH   Enter only one couse per line for ion, (b), and (c)   PART   DEATH   CAUSE OF DEATH   Enter only one couse per line for ion, (b), and (c)   PART   DEATH   WAS CAUSED BY.   IMMEDIATE CAUSE (a)   DUE TO, OR AS ACONSEQUENCE OF (b)   DUE TO, OR AS ACONSEQUENCE OF (c)   DUE TO, OR AS ACONSEQUENCE OF (c)   DUE TO, OR AS A CONSEQUENCE OF (c)   DUE TO,		FIRST	WIDDLE	Withers	poon	FIDST			Frî	day
18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c.)   PART I. DEATH WAS CAUSED BY.		NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)						ert St	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse icit, stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (#ETHER, NOTIFE MEDICAL EXAMINES)  218. MONTH DAY YEAR P.M. 19  218. TIME OF INJURY (#ETHER, NOTIFE MEDICAL EXAMINES)  219. PLACE OF INJURY (#AT MONE AT MONE)  210. LOCATION STREET  CITY OR TOWN  COUNTY  220. Letrify that Significant (Tables)  APRIL 27  19 79  OR ON THE COUNTY  AT MONE, STREET, FACTORY, OFFICE, FARM, ETC.)  221. LOCATION STREET  CITY OR TOWN  COUNTY  222. DATE SIGN PHYSICIAN DIRECTOR PHYSICIAN XX  223. DATE SIGN PHYSICIAN DIRECTOR PHYSICIAN XX  224. DATE SIGN PHYSICIAN DIRECTOR PHYSICIAN XX  COUNTY  226. PHYSICIAN S NAME (TYPE OR PRINT)  226. DATE SIGN PHYSICIAN DIRECTOR PHYSICIAN XX  COUNTY  COUNTY  226. DATE SIGN PHYSICIAN DIRECTOR PHYSICIAN XX  COUNTY  COUNTY	16	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:								
The part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.    Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.    Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.    Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.    Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.    Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.    Part 2 other significant conditions contributing to death but not related to the terminal disease or condition given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 other significant conditions given in part 110.    Part 2 ot		1629	DUE TO			CINOMA	LUNG		Mond	the
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED 21d. INJURY OCCURRED AND TWHILE AT WORK NOT WHILE AT WORK NOT WHIL	P	couse (a), stating underlying cause li	the OUE TO, (c).  CANT CONDITIONS	CONTRIBUTING	TO DEATH BUT					200
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  AT WORK  AT WORK  22a. I certify that X (this haspital) attended the deceased from APRIL 9.  Sow Redeceased always APRIL 27.  19  79  30 and that in (nX) (our) apinion death accurred on the date and hour and from the causes above, but well (idl) (Advisor) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN SIAME (TYPE OR PRINT)  22a. PHYSICIAN'S NAME (TYPE OR PRINT)  22a. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION CITY OR TOWN  COUNTY	TIFICA	a. DATE OF OPERATION	196 CON	NDITION FOR WH	IICH OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSES	
22e. I certify that X (this hospital) attended the deceased from APRIL 9. 19 79 to APRIL 27. 19 79 that X sow Redeceased always APRIL 27. 19 79 ond that in (mX) (our) opinion death accurred on the date and hour and from the causes obove. A (we) (did) (Advisi) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN XX 27 27 226. PHYSICIAN STAFF PHY		OR CONTRIBUTING CAUS	E OF DEATH HOUR	A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	IT 1 OR PART 2)	
sow fitedecessed olive an APRIL 21 19 9, and that in (nX) (our) opinion death occurred on the date and hour and from the couses obove. It (we) (did) (AXXXI) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIANXX 4/27  27d. PHYSICIAN'S NAME (type or print)  27e ADDRESS  3900 LOCH RAVEN BLVD. BALTO.MD. 21218  23a. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. COUNTY  COUNTY		WHILE NOT WHILE	(AT HOME		ICE, FARM, ETC.)		CITY OR TOV	WN	COUNTY	STATE
226. DATE SIGNE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN XX  226. PHYSICIAN S NAME (type or print)  226. ADDRESS  3900 LOCH RAVEN BLVD. BALTO.MD. 21218  236. BURIAL, CREMATION, REMOVAL 236. DATE  236. NAME OF CEMETERY OR CREMATORY  236. COUNTY  COUNTY  COUNTY	21				om <u>APRII</u> 9 <u>79</u> , or	nd that in (max) (our) apinion		27, 19 ote and hour		that X) (we) los couses stated
236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	2		a low		2	ATTENDING PHYSICIAN [	MEDICAL STA	FF CIAN <b>XX</b>	22c. DATE	27/79
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	2	2d. PHYSICIAN'S NAME	(TYPE OR PRINT)				RAVEN BLVD.	BALTO	MD. 2	1218
(SPECIEV) CITY OR TOWN COUNTY	23a. BUI	RIAL, CREMATION, REA	AOVAL 236. DATE		23c. NAME OF C		123d LOCATION			1 2 3 3 3 3
Burial 5/1/79 King Memorial Park Baltimore County,	(SPE	Burial		79	King Me	morial Park	Baltimore	Count	Y.	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR 1101 E. North Ave. Wm. C. March F/h

APR 3 C 1979

Ci dali A

Walter

Walker

CONTRACT CONTRACT AV CONTRACTOR

Witherspoon Ida

The state of the s

1001 E. MORAGE E. 21210

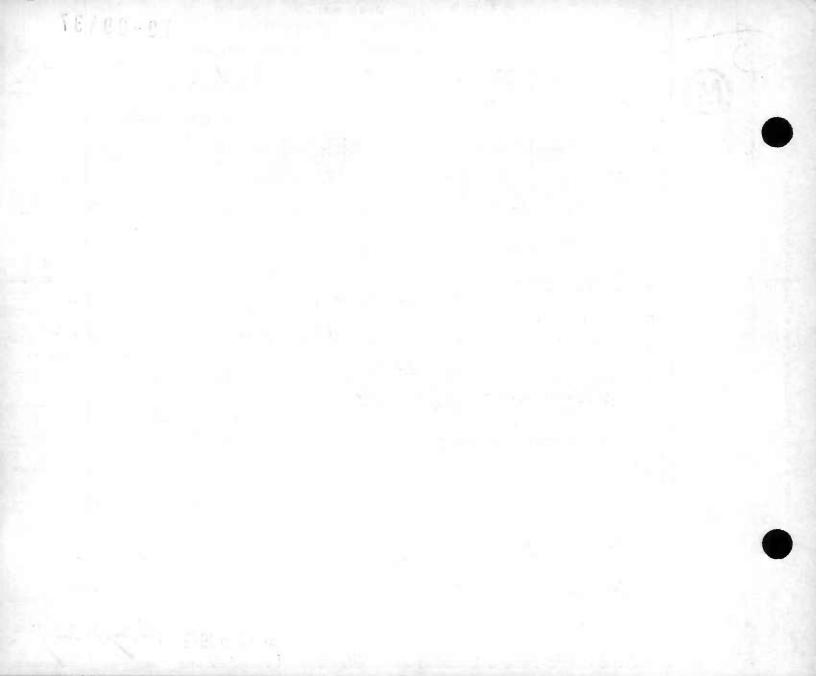
Friday

YES Paul Witherspoon 2425 N. Calvert St.

SEES DE LOCAL SAVES STATE SEES SOLD SEES

Burial 5/1/79 King Memorial Park Baltimore County, Md.

Wm. C. March F/h 1101 E. North Ave.



STATE OF MARYLAND 9-09438 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME MIDDLE (TYPE OR PRINT) John Wojciechowski 79 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male White MONTHS DAYS YEAR MIN 24 15 **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE ISTATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [ WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUS ROCKER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRES P 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAM FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO DRUNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: Careleac arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/D. CERTIFICATION p 20b. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES | 18 sho Mental Hygie 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. saw the deceased offe on. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL TO FUNERAL D should be detact with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 100 N. Broadway 23a. BURIAL CREMATION, REMOVAL 236. DATE BY REGISTRAR 256. REGISTRAR'S SIGNATURE UNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

88100-01	
81:11 87 9 5	John F. Hojotechouski
20	Hale White e 24 15
Marine and the Committee	A STAND WAS TO BE TO SEE
	CHELONG CHORER HERRES
Las of Harrey St.	Programme The Town of the Programme The Prog
	LANGER WAVE STATE HERE
Vacabases N. Broadway	

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00120

	1 -	STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. N	9-03	40	,
		CEASED NAME FIRST	RTLE C. WO	JCIE	CHOWSK 1	20 DATE OF DEATH	MONTH DAY 4 18	YEAR 1979	26 HOUR 9-30 AM
	3 SEX		CAUCHSIA!	5. DATE	OF BIRTH:	6 AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
5		PARTY APRY 1946	U - S.A -	MARRIE WIDOW	ED. NEVER MARRIED C	9 BALTIMORE CITY O		CITY.	MD.
2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE SINAL HOSP	ET ADDRESS)	OF BALTIMOR	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE)	126 KIND C INDUSTRY	of BUSINESS OR
S	12a C	AL RESIDENCE (IF NURSING HOME OR OT TATE ARYLAND			13d INSIDE CITY LIMITS? YES 😿 NO 🗌	1110	ODALL	- ST.	21230
0		DuRes	M. CAI	n	15 MOTHER'S MAIDEN NA	MIDDLE		FORS	TER
		VAS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 2/2-44-		Florence A.	Schotka 14	+43 W		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	۹		ONSET AND DEATH				
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO  (c)  DUE TO, OR AS A CONSEO	sive	metastase	Ca brea	st-	3	785
	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1	'a'
	CERTIFICATION	190 DATE OF OPERATION 6 - 76.	Carcinon		t. Breast.	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	NG CAUSES	NGS USED S OF DEATH? NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.}	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not	4-18-19	-1-0	and that in (my) (aur) apinian	death occurred on the d	, , , ,		that (I) (we) lost e couses stated
		22b. SIGNATURE	snew. 9159.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF CIAN []		8/1979
		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS	HOSPITAL	OF A	ALTO	· MD.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: the haspital

should be detached with the State Dept

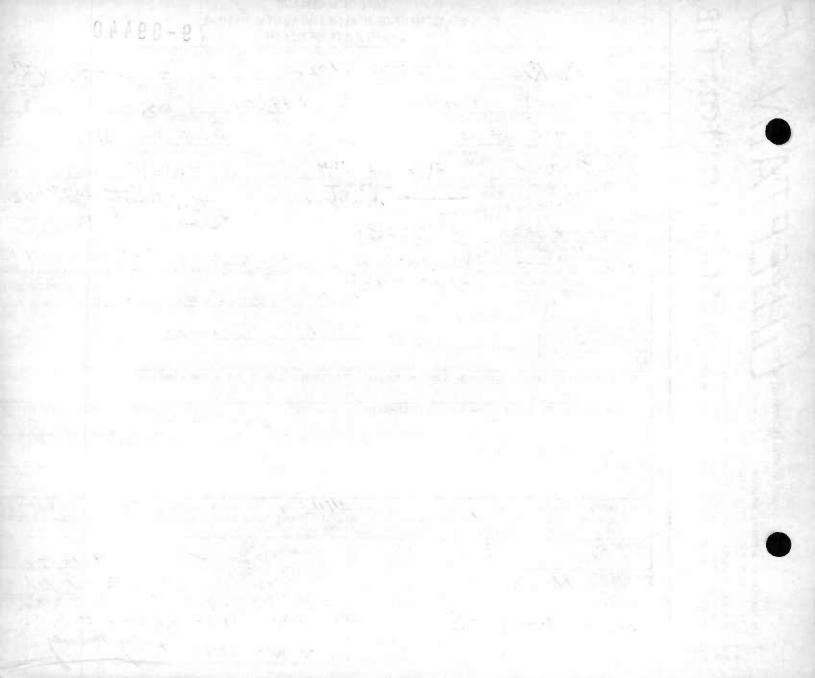
230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATION OF STREET OF CREMATION OF STREET OF CREMATION OF CREMATION OF STREET OF CHARACTER OF CH

23c. NAME OF CEMETERY OR CREMATORY Lou don PARK CENETERY

REGISTRAR 256 REGISTRAR'S SIGNATURE

0-19139 A CONTRACTOR OF THE PARTY OF TH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2o. DATE OF DEATH 1. DECEASED-NAME 2b. HOW CATHERINE WOLF (Type or print) 3 SFX 5. DATE OF BIRTH 6. AGE (In years lost buthday MONTHS HOURS 10/9 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) BALTO. MD. U.S A BALTIMOre DIVORCED [ WIDOWED -12b. KIND OF BUSINESS OF INDUSTRY 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) BUREAU OF BAL 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where defeosed lived, if institution: Residence before 13b. COUNTY N IS. MOTHER'S MAIDEN NAME First JAMES G. WOLF! (If yes give war ar dates of service) (Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY: HADIVI LYM PHOCYT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DABETES Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF please stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram.... and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an\_ 4/16/74 19 causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (County) (State) (7401 GERMAN HILL B., BA.CO., MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION SACRED HEART CEM. 250. REC'D BY REGISTRAR DAN R 2 3 1979 4013 CONKLINE BALTO, 2/224, MD. MPR2 DHMH - 16 3/72 25M (VR A15 (4))



STATE OF MARYLAND

(1)

BALTIMODE CITY

ALTIMORE SAINT AGNES LOSPITAL

ONG S. CATEN PIE-PALTO, , PO 21209

Late Holly

	1-	FOR STATE REGISTRAR	DEFA	RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIENE ATH REG. NO.	79-09442
)	(TYPE	CEASED NAME FIRST Goldie		Woods		4 13 79 26 HOUR
3	3. SE	Female	Black	1	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS YRS
of once.	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTI	MARRIED ☐ NEVER MAR WIDOWED ☐ DIVOR	RCED   Baltimore	City
natified	10 C	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI 2801 Boarma		JTION 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	
must be	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUT	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO Baltino	OWN 136 INSIDE CITY	LIMITS? 13 STREET ADDRESS	en Ave
exomine	14 F.A	THER'S NAME FIRST  George	MIDDLE LAST	15. MOTHER'S M	AIDENNAME	Gaskins
medical		VAS DECEASED EVER IN U.S. AF	11000	CURITY NO. 17 INFORMANT	Brown 2801 Boarma	S
ial, cremation, or removal. or other troumatic event, the		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse to stoling the underlying couse lost	TE CAUSE (a)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE		Lung	
ony injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO		TION GIVEN IN PART 11G1  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES \( \bigcap \) NO \( \bigcap \)
or Item 18 shows		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY	
morked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY ST
21 is		sow the deceased alive or above, (1) (we) (did) (did no	ital) attended the deceased from March 9 19	2_79, and that in (my) (au	19_78 to/2/ (r) opinion death accurred on the date	
e Stote Dept		27b. SIGNATURE	let a. hans	MI.D. PHY	ending medical staff esician director physicia	221. DATE SIGNED 4/13/79
With the Stote Dept.		Robert	A. Wacks	Belied		, Balt. ma.
-	230. 8	Burial, Cremation, Removal Burial	23b. DATE 4/17/79	Arbutus Memori	CITY OR TOWN	county sta
6	24 FU	INERAL DIRECTOR NAME  Wm. C. March I	F/H 1101 E. NO	rth Ave.	APR 1 6 1979	S AR'S THE US A

9-08/12  The second services

9-09444

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH Wright

STATE OF MARYLAND

26. HOUR IF UNDER 1 YEAR # UNDER 24 HRS & AGE (IN YEARS LAST BIRTHOAY) DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE)

LAST

Same

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES | NO [

CITY OF TOWN COUNTY

that (I) (we) last

STATE

22s. DATE SIGNED

STAFF DIRECTOR PHYSICIAN

COUNTY

Martinsburg Berkelev 250 PATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78 24 FUNERAL DIRECTOR

- STATE

1 DECEASED NAME

REGISTRAR

3631 Falls Road Burgee Funeral Home

1110-01

1.020v.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT OFER 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWEDIT DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY by th BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 1134 INSIDE 136 COUNTY 3408 Cederdale Rd ploc YES Q NO [ 14 FATHER' NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST P ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MEORMANT pup (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY W. PRESTON ST. IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? YES NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL TIPETHER, NOTIFY MEDICAL EXAMINER PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION P CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this haspital) attended the deceased from sow the deceosed alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE + ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN -MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES the the shoul 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23b. ØATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) INY OR TOWN STATE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIGNATURE DHMH - 16 50M 1/76 M LAURENS PAPR 26 NAME (VR A 15 (4))

19-09/15

Thronge J. Tynn Transchusetts US E Littlement Unlie mar 1500 from leader int. 1604 DONE and entreed cost to the still be brought of . milni - Tolk How I the Life of the search o 

#### 79-09447 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME 2h HOUR TYPE OF PRINTS Nigon April HARRY 3 SEX AGE (IN YEARS LAST BIRTHDAY) MONTH White April 14 1899 Male 76. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED W. Va. U. S. A. Baltimore City WIDOWED X DIVORCED [ O CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR Balto. City. University Hosp. Ret. Machinist. Kelly Tire Co. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Cumberland 13e STREET ADDRESS Allegany Maryland 866 Sperry Terrace. YES XX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Louis Yeager Osbourne Susan 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO Md. 21502 Cumb. (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 214-07-0375 Mr. H. Robert Yeager, 11 Thompson Ave. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate cause 10), stating CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased plive on. Z, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL I shauld be deto with the State [ MPORTANT 201 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 23b. DATE Burial Hillcrest Burial Park Cumberland, Allegany Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 H. Wayne George 202 Greene St. Cumberland, Md.

(VR A 15 (4))

A STATE OF THE STA

No. of Association of the contract of the cont

14400-0-

Stilliams Title

214-97- 272 Mr. W. Monant Mongon, It Tongson Aue.

1/1/14 Hillars of Latin Form, who segent Addenous Harmicans

the field the beatens are the method, but applied the second second

on est soller d'évilier les co

Tuest of court

. con episaconial (12 .usia)

Long Strain Strains

strytound Actegory to other, XX for Sprant I rate : .

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST (TYPE OR PRINT) MARY YANCEY APRRL 28, 1979 550pm 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR MONTH YEAR OAYS HOURS Black Female 25 1878 100 **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY North Carolina WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Baltimore JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 131. (CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MdBalto NO 704 Montford Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE LAST Moriah Perry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Charles Yancev 704 Montford Ave. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonary IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF hematoma Subdural Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from\_ 28 74 sow the decensed alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 4/28/29 PHYSICIAN DIRECTOR PHYSICIAN PORTANT 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Johns Hopkins Hosp 1. Abben 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE COUNTY Catonsville Burial Westview Memorial Pk 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 1101 E. North Ave. Wm. C. March F/H

EXAMINER

MEDICAL

MARYLAND 2120

SMITH

DR

BY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

NO

RELEASE

ld b

(VRA 15 (4))

3.1

impletely filled in by the funeral or and 2 should be filed within 72 h

natified at once

injury, ar ather traumatic event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, ar remaval.

to HOSPITAL OR ATTENDING PHYSICIAN: The law eligined by the hospital or attending physician.

MPORTANT: If them 21 is marked or them 18 shaws any

Wm. C. March F/H

# STATE OF MARYLAND

1101 E. North Ave.

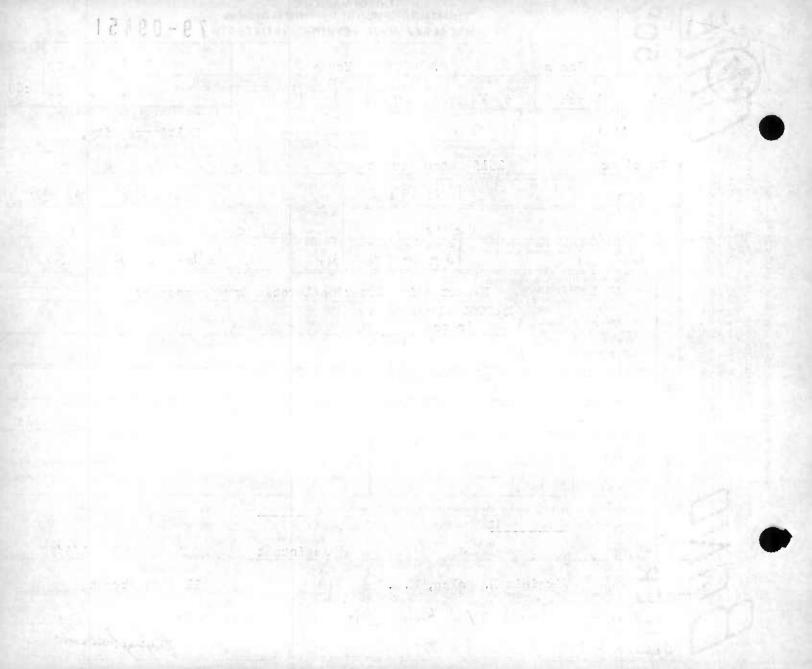
	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 79-09449										
	(TYPE	CEASED NAME FIRST OR PRINT)	LA	MIDDLE	YA	NC.	Y	**	1 25,		6:35 PM	
	3. SEX	Female	4. RACE Black		S. DATE C		YEAR	6 AGE (IN YEARS E		MONTHS DAYS		
9		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8	D NEVER	MARRIED		CITY OR COU	INTY OF DEATH		
(	pr	Ga. TY OR TOWN OF DEATH altimore		HOSPITAL, NURSING CHEACILITY GIVE STREET	G HOME C	OR OTHER INS	-	12a USUAL OCC (TYPE OF WORK FOR		12b. KIND	OF BUSINESS OR	
5	USUA	AL RESIDENCE (IF NURSING HOME O TATE 13b COU!	R OTHER INSTITUTION		ADMISSION)	13d. INSIDE	ITY LIMITS?	13e STREET ADD		urt		
ò		riner's NAME ginald	WIDDLE	Faust		15. MOTHER  Ida	S MAIDEN NAI FIRST	ME	DDLE		AST	
	16a W (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				Geral		NT ADDRESS  Line James 1820 Guilford			d Ave.	
2	18 CAUSE OF DEATH LENTER Only one couse per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY:  CARDIOVASCULAR ACCIDENT  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF COnditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  RESPIRATORY FAILURE PNEUMONIA — RENAL FAILURE								(a)			
	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO					DRMED	4			INGS USED S OF DEATH? NO	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK AT WORK AT WORK STORY OF CHILD OF	21e PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. He deceosed from 4	19 APRTI 79	21f LOCATI	1979  OUT OPINION  ATTENDING PHYSICIAN [	, toAP	RIL 2!  the date and  STAFF PHYSICIAN	COUNTY  5 , 19 1 9 7 9  I hour and from the 22c, DAT		
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR	100 1	1 BROA	N	BALTIM	ORE MD	
		Burial UNERAL DIRECTOR	4/30/	79 M	t. Au	burn C	emetery 1250 DAT	Baltin	more,	STRAR'S SIGNA	Md.	

APR 3

DHMH - 16 50M 7/77 (VR A 15 (4))

01100-01 THE PROPERTY OF AUGILT

April 18, 197		in the	
will stouding			
	Engineed Jecoms	land qual	stomusin
	arte Carcinoma of the	are figure	
		nknopus	
at Time of the co	347	82 (19s) (c)	
		d transplant	



Vernon Bailey .H. 1348 Calhoun Street

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-09452 26. HOUR April 12, 1979 DAYS BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Truck Driver 4109 Forest Pk. Ave. LAST ADDRESS BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ CITY OR TOWN COUNTY STATE 22c DATE SIGNED COUNTY STATE alto., Md. 250 DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIGNATURE

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumotic event, th

IMPORTANT: If them 21 is marked ar Item 18 shaws any

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

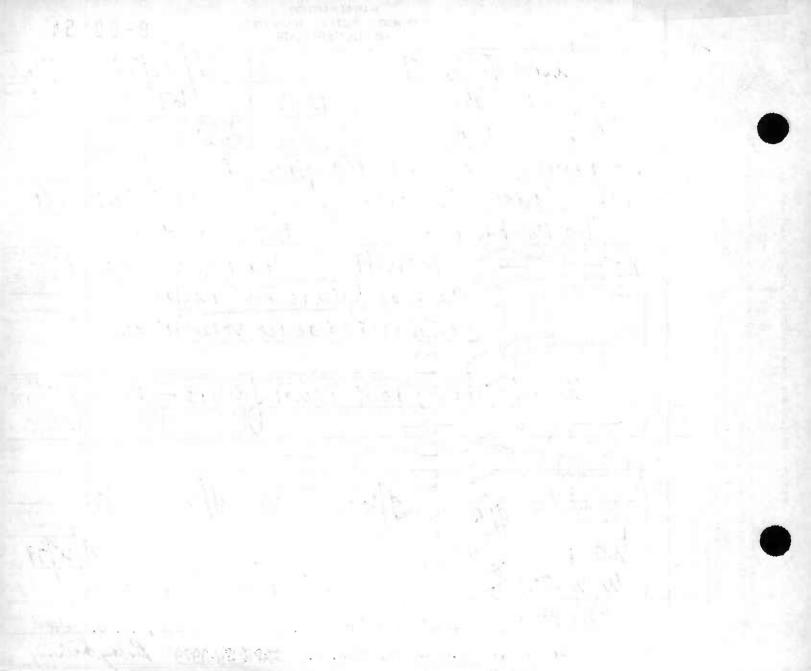
79-09453

	REGISTRAR			CENTIL	ICAIL OI D	LAIII	REC	G. NO.		
	ECEASED NAME E OR PRINT)	MARY ANNA	MIDDLE . F .		OUNGBA	AR	APRIL	2, 197	YEAR	26. HOUR 6:30A <sub>M</sub>
3. SE	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
F	emale	W	hite	4	3	1897	81	YRS	ONIHS	HOOKS MIN
	SIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8	D NEVER A	AARRIED 🗆	9. BALTIMORE CIT			
	347- 3					ORCED	BALTIMORE CITY			
10. 0	ITY OR TOWN OF D		OF HOSPITAL, NUR		OR OTHER INST	NOITUTI	12a USUAL OCCUI			OF BUSINESS OR
	altimore	TH		HOPKI	NS HOS	SPITAL	Housew			Home
130	JAL RESIDENCE (IF NU STATE aryland	rsing home or other institution in the country Baltimor	13c. CITY OR TO	NWC	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRE	ss Dalan A	venue	
14. F	ATHER'S NAME	WIDOLE	LAST			MAIDEN NAM	AE MIDD		LAS	ST .
1/-	Andrew	DIALILE ABASE SORO	Anusze			toine		DDESC		
	WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 15 Loalan Averages, No or unknown) (IF YES, GIVE WAR OR DATES)  NO 217-05-4200 Mrs. Irene Krawczyk-Balto. MD 21								n Ave. 21222	
CERTIFICATION	Canditions, if an gave rise to in cause (a), stotunderlying cau  PART 2 OTHER SIG	y, which inmediate in the property of the se last.	O, OR AS A CONSECTION OF THE CONTRIBUTION OF T	DUENCE OF	NOT RELATED	Faile TO THE TERMI	~e	20b. IF YES,	WERE FINDING CAUSES	NGS USED
MEDICAL CERT	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU WHILE AT WORK	CAUSE OF DEATH HOU ICAL EXAMINER)  RRED 21e. PL.	ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ACE, STREET, FACTORY, OFFICE	DAY YEAR 19 CE, FARM, ETC.)	211 LOCATION STREET		ED (ENTER NATURE OF			STATE
	saw the deced	(did) (did nat) view the l	19 pady after death.	791, an	DEGREE	, 19 <u>79</u> (aur) apinian d	, to	, 1 ne date and haur		
	1///	NAME (TYPE OR PRINT)	ws me			HYSICIAN [	DIRECTOR   PH		) 4/2	119
23a.	BURIAL CREMATION		E 23	C NAME OF C		REMATORY	23d. LOCATION CITY OR TOWN	10.10	COLUMBA	67.77
	(SPECIFY) Buria	1 4/	5/79	St. St	tanisl	aus	Baltim		Mary	vland
24. F	UNERAL DIRECTOR	Duda-Ruck se Avenue	, Inc		2122	25a. DATE	REC'D. BY REGISTE			

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

etained by the haspital ar attending physician



the attending physicion and completely filled in by the funeral remove corbon papers. Pages 1 and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove corban pape with the State Dept: of Health and Mental Hygiene prior ta burial, cremation, or remaval

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

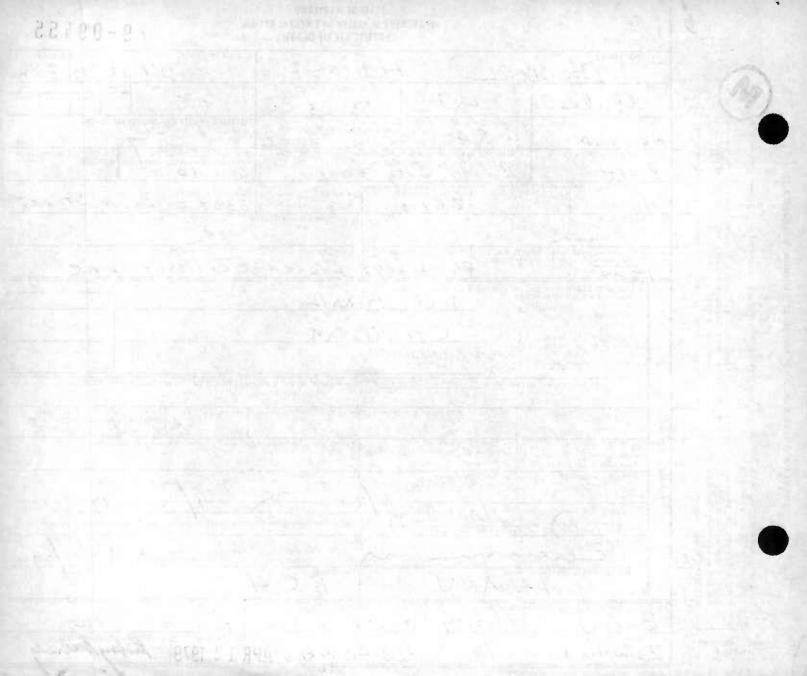
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09455

		REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO.	, 5 00	100		
	1. DE	CEASED NAME # FIRST	MIDDLE	_ [	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
	(TYPE	ORPRINT) THE MI	Aprice A			14 17 30 050				
	3 661	1111-01	4 RACE	5. DATE C	C D C Z	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
- 27	3. SE	111.1.	RACE	MONTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS			
75.43		Male		6	3 03 06		RS			
ار (		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH			
0//	//	c//aND	U.S.A	WIDOWE		CM	7	MD.		
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C		120. USUAL OCCUPATION		OF BUSINESS OR		
1	1	30/40	(IEMOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)	11200	(TYPE OF WORK FOR MOST OF WORLD	INDUSTRY			
2//	AISI L	OP/TO, AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION CINE RESIDENCE DE		405P.	SERMAN				
2/	13a. S	TATE 136. COUN	VIY 134 CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2 14. 5	14		
	1	1d	1501	to.	YES 🕜 NO 🗌		Bulte, S	VEREJ		
2	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	14	AST		
oxa UU		unli				cua				
0		VAS DECEASED EVER IN U.S. AR		CURITY NO.	17. INFORMANT	ADDRESS				
Deu /	(,	res, no or unknown) (if yes, give	E WAR OR DATES) 216-03	-6097	EloceN	ce Zelisse.	· Samt	i>		
l l	H				1 / / 0			XIMATE INTERVAL I ONSET AND DEATH		
, u		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	ond ICI.I	. 4110		BETWEEN	ONSET AND DEATH		
, e	35	IMMEDIAT	TE CAUSE (0)	In la	717					
0110										
0	11/1	Conditions, if any, which	( (b) 7	12811	UV V9		15 18			
-	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
0	underlying couse lost									
, a		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	(n)		
5	Z									
-	A	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?   20b. 1	F YES, WERE FINDI	INGS USED		
S	끮						ERTIFYING CAUSES			
es -	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121/ HOW IN ILIPY OCCUP	RED (ENTER NATURE OF INJURY IN ITE	YES	NO 🗌		
0		OR CONTRIBUTING CAUSE OF DEA	LICITO A MA ALCOHITU	DAY YEAR	Tricino William Occobi	KED (ENTER NATURE OF INJURY IN THE	n 16, PARI I OR PARI 2)			
Ten /	∑ ∑	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		219 // 200				
ō	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFE	CE, FARM, ETC.)	211 LOCATION	city on your	COUNTY	STATE		
¥.	1	AT WORK NOT WHILE AT WORK	,	4/	ne se	4/1	3.0			
E		22a.1 certify that (1) (this haspi	tal) attended the deceased from	m-21	19_/	10 // 10	19_[/	that (I) (we) last		
7		sow the deceased alive an	4/(0 15	) , or	nd that in (my) (our) opinion	death occurred on the date and	hour and from the	couses stated		
		22b. SIGNATURE	t) view the body ofter death		DEGREE		22c DATE	SIGNED		
# Rem		r ( , x	m	51	ATTENDING _	MEDICAL STAFF	E 4/	ca /- a		
<u>z</u>		TO A DUNCTION OF THE PARTY OF T				DIRECTOR PHYSICIAN	1/1	10/37		
CK /		226. PHYSICIAN'S NAME (TYPE OR PRINT)  220 ADDRESS  220 ADDRESS								
3/		(-14)	DIOLD A		D. CIT					
≤	23a. E	BURIAL, CREMATION, REMOVAL	23b. DA/E / 2:	3c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY J /	/ STATE		
	1	Surial	14/12/79	WEST	view ('em	120/140.	LIO	/ . JIMIE		
	24 FL	UNERAL DIRECTOR				E REC'D. BY REGISTRAR 256.				
	7	CAMINIA TO	IN Homo - C	213 -	S ( make m	PR 1 2 1979	Existing / 11	Elizady		
				.60	THE DA	ILT N DIO				

DHMH - 16 50M 7/77 (VR A 15 (4))



#### 9-09456 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2b. HOUR Zaltko A/K/A Tichon Zeltkow April 16. 1979 10:R 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS Oct. 20, 1890 Male White 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Poland USA WIDOWED DIVORCED [ Baltimore City 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tailor Clothing Baltimore Elliot Street DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS filled buld b 13d INSIDE CITY LIMITS? Baltimore NO 306 Folcroft Street Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST MIDDLE Unknown Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT [YES, NO OR UNKNOWN] 3-09-8674 Mary Zuromski Elliot Street No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 1055 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 14 IN CERTIFYING CAUSES OF DEATH? per NO. YES [ NO I Mentol Hygi 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 He 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 20 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN April 17 FUNERAL MPORTANT 274 PHYSICIAN'S NAME (TYPE OF PENT) 22e. ADDRESS should b James P. Keogh. 6216 Eastern Avenue Baltimore, Md. 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 123b. DATE 73c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) CITY OR TOWN COUNTY Burial April 20. Holv Trinity Cem Elkridge, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Dippel Brothers, Inc. 7110 Belair Rd. 21206

STATE OF MARYLAND

32180-25 . Moril 15, 1972 maket and the tille, januar totte test Jacile digioful BDE | State | contral) and contral ( readon) -----7,71 June 1. 1868), ... Carre Porto Carre Pourson III gara, 12. Burish and Artis and Photo States Leading the Land dept. section . The state of th

M,

STATE OF MARYLAND

